

Georgia Department of Community Affairs
Office of Affordable Housing
Instructions for Completing the Electronic 2004-100 Application Form

GENERAL

The purpose of the Application package is to afford the Department of Community Affairs (DCA) the information necessary to select the most feasible, viable, and desirable affordable housing project proposals. Selections are made in accordance with the DCA Program Descriptions, Threshold Criteria, and Competitive Selection Criteria, as well as Section 42 of the Internal Revenue Code, 24 CFR Part 91, and O.C.G.A. Title 50-26-8(a)(32). **It is extremely important that all applicants fully understand these documents. DCA shall not be held responsible for consequences arising out of an applicant's misunderstanding or unawareness of any regulation, policy, law, or other information in the public record.** The Code of Federal Regulations can be found at <http://www.access.gpo.gov/nara/cfr/cfr-table-search.html>. The HOME Final Regulation is found at 24 CFR Part 92. The Internal Revenue Service regulations governing tax credits can be found starting at 26 CFR Part 1.42.

Any application submitted becomes the property of the Georgia Department of Community Affairs (DCA) at the time of submission. Applicants may not obtain an original application submitted in a previous year or original documents from an application package submitted in a previous year. A previous year's application would be of limited use, as the letters and documents would need to be updated to meet current application requirements.

All sections of the Application package and all supporting documentation must conform to the applicable sections of the 2004 DCA Application Manual and 2004 DCA Qualified Allocation Plan.

It is the strict policy of the Georgia Department of Community Affairs that all applicants will be held to all representations made in the OAH 2004-100 Core Application Form and all supporting documentation, whether the representations apply to specific competitive selection criteria or not, for the duration of the greater of the Credit Compliance Period or term of the HOME loan. Changes of any Development Team member after submission of Application to DCA must be approved in writing by DCA prior to the change and will result in a Secondary Score Violation.

Please read these entire Instructions carefully and thoroughly for complete comprehension. There are major changes to be aware of and to address.

If you require clarification of any issues, please contact Joy Fitzgerald at jfitzger@dca.state.ga.us.

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FEES

A **“Walk-In Submission Form And Application Fee Calculation Worksheet”** is attached for the applicant's use in determining fee due and facilitating the application submission process. Project Number will be assigned by DCA upon delivery of Application. Applicant must complete this form as indicated, attach a completed money order or cashier's check to it (payable to Georgia Housing and Finance Authority), and include in the front of the scoring binder as instructed in the next section.

FEE SCHEDULE

For Profit, Nonprofit and For Profit/Nonprofit Joint Ventures

	Fees	Due Date
2004 Credit (only) Application Fee (includes market study fee)	\$6,500 For Profits \$6,500 For Profit/Nonprofit Joint Venture \$5,500 Nonprofit	Application Submission
2004 HOME (only) Application Fee (includes market study fee)	\$5,500 For Profits \$5,500 For Profit/Nonprofit Joint Venture \$5,000 Nonprofit	Application Submission
2004 HOME Loan/ Credit Application Fee (includes market Study fee)	\$7,000 For Profits \$7,000 For Profit/Nonprofit Joint Venture \$6,000 Nonprofit	Application Submission
Credit Allocation Fee	7% of annual allocation	At time carryover allocation sent in
Credit Compliance Monitoring Fee (calculated on a per unit basis- includes all units)	\$150 – USDA 515 projects \$150 – URFA bond projects \$600 – Bond/4% Credit projects \$600 – Others	Within 18 months of Issuance of carryover allocation, but no later than the project placed in service date
Bond/4% Credit Eligibility Opinion Letter (includes market study fee)	\$6,500	Application Submission
Bond/4% Credit IRS Form 8609 Fee	5% of annual Federal Credit amount	Due within 30 calendar days of issuance of Letter of Determination
Front End Analysis (applicable when an Identity of Interest exist between the Developer or Owner and the general contractor)	\$1,800	Upon invoicing by DCA
Appraisal Fee (HOME Loans only)	Based on DCA cost	Denoted in Commitment Letter
Probationary Participation Application Fee	\$2,500	No later than 3/1/04 or, no later than 30 days prior to the submittal of the 4% Tax Credit Application
Operating Expense Waiver	\$1,000 per waiver	No later than 3/1/04 or, no later than 30 days prior to the submittal of the 4% Tax Credit Application. (Applicants may choose to submit these waivers along with the 9% tax credit Applications only.)
Architectural Standards Waiver	\$1,000 per waiver	No later than 3/1/04 or, no later than 30 days prior to the submittal of the 4% Application

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Owner Experience Waiver	\$1,000 per waiver	No later than 3/1/04 or, no later than 30 days prior to the submittal of the 4% Tax Credit Application
Developer Experience Waiver	\$1,000 per waiver	No later than 3/1/04 or, no later than 30 days prior to the submittal of the 4% Tax Credit Application
Manager Experience Waiver	\$1,000 per waiver	No later than 3/1/04 or, no later than 30 days prior to the submittal of the 4% Tax Credit Application
Per Unit Cost Limitation Waiver	\$1,000 per waiver	No later than 3/1/04 or, no later than 30 days prior to the submittal of the 4% Tax Credit Application

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REQUIRED EXECUTION AND DELIVERY
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Please read these entire Instructions carefully and thoroughly for complete comprehension. Information not submitted on DCA-required forms will not be reviewed.

APPLICATION DELIVERY INSTRUCTIONS

DELIVER TO:

Office of Affordable Housing
Georgia Department of Community Affairs
60 Executive Park South NE
Atlanta, Georgia 30329-2231

For third-party delivery via a delivery service, also add to the address above the following on the outer mailing label:

CONTENTS: OAH 2004 Application Package (Multifamily Program)
<<Enter Project Name here>>

Please note that the applicant is solely responsible for applications being delivered prior to the deadline and that late deliveries will NOT be accepted.

Competitive Application Cycle

The Application Packages must be received by DCA **no later than 5:00 p.m. on May 4, 2004**. If you wait until May 4, 2004 for walk-in delivery, tables will be set up for application receiving from 10:00 a.m. to 5:00 p.m. Arrival by 1:00 is recommended for faster processing. **No assembly or copying of applications will be allowed on DCA grounds. These tasks must be performed prior to arrival at DCA. All required copies must be submitted simultaneously with the originals. No copies will be accepted after 5:00 p.m. on May 4, 2004. Prior to an individual securing a position in the walk-in processing line, that individual must have all of the application materials required for the submission for each of their applications. Holding a place in line while waiting for materials needed to complete or organize applications will not be allowed.**

Mailed or courier packages must be received by DCA on or before 5:00 p.m. May 4, 2004. **DCA shall not be responsible for any delivery failure on the part of the Applicant. If an Applicant chooses to use a postal or courier service to deliver the Application Package to DCA and such service fails to deliver the package by the deadline, then the Application Package will be deemed by DCA as untimely and, consequently, will not be reviewed for project awards.**

4% Tax Credit Applications for Bond Financed Projects can be submitted throughout the year, subsequent to Bond Allocation, but no later than sixty (60) days prior to bond closing date.

APPLICATION PACKAGE ASSEMBLY INSTRUCTIONS

For each proposed project, the applicant must ensure execution of all necessary forms and supporting documentation, and place them in the appropriate order according to the 2004 Application Tabs Checklist. The applicant must deliver:

1. **One (1) separate 1" black binder** labeled (on front) "Project Scoring Binder for: <<Your Project Name>>", and containing the following *individually tabbed* information arranged in this order:
 - (BOUND) Completed "Walk-In Submission Form And Application Fee Calculation Worksheet" (one form) located at the very end of this document. Attach a certified funds check or money order for the correct fees made out to "Georgia Housing and Finance Authority".
 - (BOUND) Pages 1-70 (for scattered site projects; single site projects would use only 1-22) of the completed DCA-protected electronic OAH 2004-100 Core Application Form, including:
 - ✓ The completed Applicant Self-Score Form printed directly from the DCA-protected electronic OAH 2004-100 Core Application Form. Please note that there are two versions: single-site projects use pp. 19-22; scattered-site projects use pp. 67-70.

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- ✓ The completed Organizational Chart printed directly from tab of the same name from the DCA-protected electronic OAH 2004-100 Core Application Form Workbook (p. 68 of 71)
- ✓ The completed Compliance Self-Score Form printed directly from tab of the same name from the DCA-protected electronic OAH 2004-100 Core Application Form Workbook (p. 70 of 71)
- ✓ A copy of the 2004 DCA Compliance Factor Certificate issued by DCA, if applicable
- (BOUND) A detailed narrative individually justifying the rationales behind why the applicant gave each particular scoring criterion its points on the Applicant Self-Score Form. Each scoring criterion should be addressed not only by the self-score but must also include a clear/concise rationale for the score. The related documentation that is included in the Application binder must be specifically referenced including the exact location in the Application binder along with a description of the documents (and their relevance). It will not be DCA's responsibility to consider documents that are not specifically referenced (and adequately described in terms of relevance). It is the Applicant's responsibility to identify each document the Applicant would expect DCA to consider in evaluating the Applicant's self-score. If DCA determines that an Application is self-scored incorrectly, resulting in a higher score than is deserved, in any of the scoring categories in this section, then the correct lower score will be used and one point will be deducted from the Applicant's score for each category containing such scoring error, not to exceed three points in total. Any Application that does not include a completed self-scoring section will be deemed incomplete and will not be considered to have met Threshold requirements. The Application will not be scored and will not be eligible for further participation in the Competitive Scoring process. This narrative is not required for tax-exempt bond-financed projects.
- (BINDER-CLIPPED INSIDE FRONT COVER) One working, virus-free CD-R or CD-RW (supplied by applicant) in a protective jewel case containing the completed DCA-protected electronic OAH 2004-100 Core Application Form from which the applicant has printed out the OAH 2004-100 Core Application Form paper copies submitted to DCA. Please name the electronic form contained in the CD by using the format "2004 <<Your Project Name >>". Label the CD protective case with a standard label (cut to fit on one side of the case –no overlap on edge) containing the typed-in project name and the person's name with email address to contact in case of CD failure. Leave 2" above the label for a DCA Project Number label that will be added later by DCA. **DO NOT ATTACH AN ADHESIVE LABEL TO A CD. Rather, write the requested information on the printed side of the CD itself with a felt-tip pen. Refer to labeling illustrations. **Double-check the CD to verify that it contains the properly named virus-free application file.****
- (UNBOUND, INDIVIDUALLY STAPLED, INSIDE FRONT FLAP) Four (4) extra paper photocopies of the completed executed original OAH 2004-100 Core Application Form (pp. 1-22 for single-site projects; pp. 1-70 for scattered-site projects) and Organizational Chart printed from the DCA-protected electronic OAH 2004-100 Core Application spreadsheet (please put these copies together – each stapled separately - in an unsealed manila envelope on the front inside of the Project Scoring binder). These photocopies are not required for tax-exempt bond-financed projects.

AND

2. **Three (3) full application packages** (with original photographs in each) containing all (fully completed and executed) necessary forms and supporting documentation placed and secured in the binder in the appropriate order determined by the 2004 Application Tabs Checklist. The three (3) packages must be separated as:
 - **One (1) bound and tabbed Original placed in a 3-ring binder**, labeled according to Labeling Instructions (see next section),
 - **One (1) bound and tabbed Copy 1, identical to the Original, placed in a 3-ring binder identical to the Original**, labeled according to Labeling Instructions (see next section), and
 - **One (1) rubber-banded Copy 2 identical to the original, tabbed, on non-hole-punched paper** (copier-friendly to accommodate Open Records requests), placed in a 9"W x 4"H x 14"D banker's box (two if needed, get at local office-supply store) end-labeled according to Labeling Instructions (see next section).

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APPLICATION BINDER LABELING INSTRUCTIONS

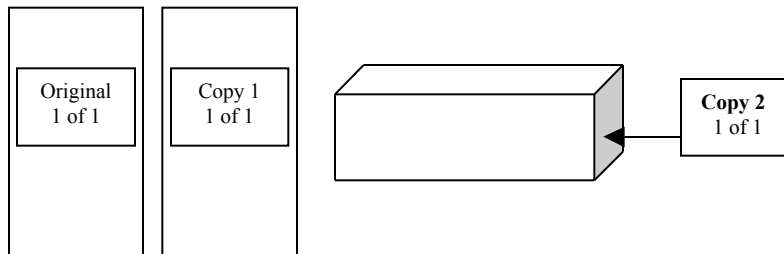
Label Specifications. The following label specifications are heavily recommended and preferred by DCA.

- Printed from: Computer printer (Avery labels typically come with instructions for use on computers)
- Label size: 2" x 4" Shipping labels, for example either Avery Laser #5163 or Avery Inkjet #8163.
Cut off unused label space to enable placement perpendicular to binder spine.
- Font: Arial, bold-face, 20-point
- Number of labels: Between 3 and 12 in most cases, depending on size of application – see Label text.
- Label text: See below. The "1 of ", "2 of ", and "3 of " parts will vary depending on the application size. In place of the lines shown below, the applicant will substitute the total number of pieces in the Original.

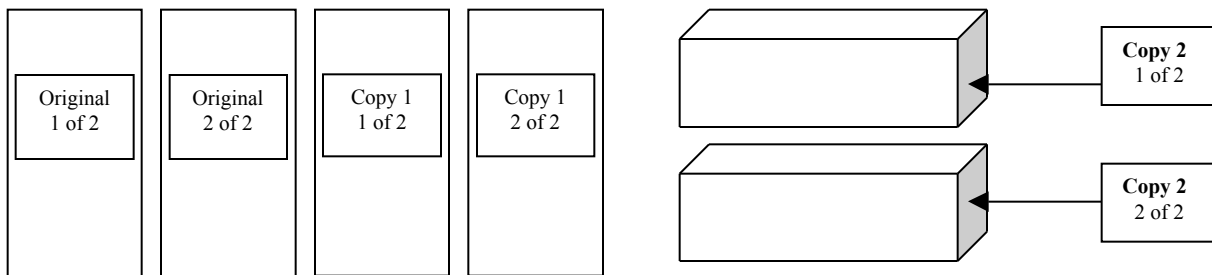
Original 1 of ____	Copy 1 1 of ____	Copy 2 1 of ____
Original 2 of ____	Copy 1 2 of ____	Copy 2 1 of ____
Original 3 of ____	Copy 1 3 of ____	Copy 2 1 of ____

Label Affixing Instructions: Affix labels in the middle of the spine of the binders such that the text, when read, is perpendicular to the edge of the spine. See the sample illustration below. Put Copy 2 label on end of box. Label all binders and banker boxes **before** arriving at DCA.

Labeling for 1-binder Original and Copies:



Labeling for 2-binder Original and Copies:



Labeling for CDs:

1. Label the CD <u>case</u> as:	2004 <Your Project Name> .xls Contact Name, Phone Nbr, Email
2. Write in felt tip on any CDs:	2004 <Your Project Name> .xls Contact Name, Phone Nbr, Email
2. Name the electronic file contained within the CD as:	2004-000 <Your Project Name> .xls



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SPECIAL INSTRUCTIONS FOR COMPLETING THE ELECTRONIC CORE APPLICATION FORM

All applicants are required to use the DCA-protected electronic OAH 2004-100 Core Application Form provided by DCA at its web site (<http://www.dca.state.ga.us/housing/forms.html>). Please note that every county library system in Georgia has at least one location with Internet access free to the public. To download, right-click on the link at the DCA web site and select Save Target As and choose the storage location on your computer. If during download a message box appears requiring a password, keep clicking "OK". Otherwise, download on a computer with Excel 2000 or earlier version. Applicants should email webmaster@dca.state.ga.us if download problems are encountered.

If, upon opening the file, a message appears notifying you that the file contains "Macros" and gives you the option of "Enabling" or "Disabling" these macros, you must choose "Enable" macros in order for the application to function properly.

If you plan to submit more than one application, please make additional electronic copies of the OAH 2004-100 Core Application Form file **before** completing any portion of it. This copying process must occur while the electronic file is unopened. In other words, right-click on the filename in the folder where you have stored it on your computer, select Copy, right click in a white space of the folder and select Paste.

The OAH 2004-100 Core Application Form is a large file (over 4 MB) that is somewhat formatting intensive. As a result, DCA recommends that users close all other applications, files, and windows before and during use so as to improve performance. It will take several moments to open or to save. The electronic OAH 2004-100 Core Application Form is best viewed on a PC-compatible computer using Microsoft Windows NT or XP and Microsoft Office 2000 or earlier version, equipped with at least 256 MB of RAM and at least a 1 GHz processor (i.e., Intel Pentium III or IV or AMD Athlon or better). A Windows 95 / 98 machine will also run the spreadsheet workbook. The electronic OAH 2004-100 Core Application Form is created in a Microsoft Excel 2000 spreadsheet workbook.

If prompted by the computer to upgrade the file to a newer version of Excel, choose "NO". Applicants using a newer version of Excel must otherwise save their application as Excel 2000 or earlier version.

Please note that you should fill in all applicable boxes, and there are several places requiring original signatures.

Please read directions that follow.

1. There are eight electronic tabs in the Excel workbook that represent separate spreadsheets. Applicants are encouraged to print out a blank version of each tab below beforehand to be aware of all contents:

- I: Introduction/Table of Contents (and more instructions)
- II: Application Tabs Checklist
- III: Application Form and Self-Score
- IV: Organizational Chart
- V: Compliance Summaries
- VI: Compliance Self-Score
- VII: Authorization for the Release of Information
- VIII: Comments/Clarifications (only for use with information not directed to go elsewhere)

After opening the workbook, simply click the mouse pointer on the appropriate tab at the bottom of the screen to navigate to the desired form. The small black directional arrows in the bottom left corner will also assist you in navigating the workbook.

2. Fill in only the areas shaded in green. All questions (generally denoted by blue font in the electronic application) are intended to elicit a response, so please do not leave out any requested information. Non-green-shaded cells are not for applicant use and have been locked. Applicants may initially enter a formula or reference into a cell to determine a correct amount, but **do NOT leave formulas or references to other cells in cells requesting numerical values. If references are made to external spreadsheets, those references must also be removed prior to submission to DCA. As this may hamper the proper functioning of internal evaluation tools and make pertinent information unavailable to DCA, failure to do this may result in automatic removal of the application from consideration for funding.** Test final spreadsheet before submission by reviewing it alone on a separate non-networked computer from the one used for data entry.

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3. DATA ENTRY RULES: When entering **text** data, please do not use all upper-case letters or all lower-case letters. When entering phone, fax, beeper, and cellular numbers or zip codes, enter **numbers** only with no blank spaces, parenthesis or hyphens – these cells are pre-formatted. Phone, fax, beeper, and cellular numbers will require area codes. Zip codes will require 4-digit extensions (enter 4 zeroes at end if needed). Applicants must complete **all** green boxes that apply to their project – if a green box does not apply, then leave it empty (do not enter zero, “n/a”, nor a space “ ”). Do NOT enter zeros or blank spaces in any cell in order to cause the spreadsheet to function in a certain way, or for any arbitrary reason. Leave all number cells completely empty unless a number greater than zero is entered to indicate actual pertinent data.
4. If a particular cell's text appears to be cut off, simply highlight the cell and the entire text will appear in the text box directly above the document body. If the text font is too small or appears shoved together, simply adjust the zoom percentage in the Standard toolbar near the upper right corner.
5. This computer program has been designed so that some information, such as the project name and address, need only be entered once. In order to take advantage of this feature, the user must enter information in the order in which it appears in the program.
6. Unless otherwise noted, enter all comments/recommendations in the Comments tab included in the electronic application workbook. Please print out the Comments tab after all comments are entered and place in **TAB 1**.
7. In order to maintain the integrity of the electronic application, many cells are locked and inaccessible by the applicant. Any attempt to access or tamper with the formulas in those cells or to otherwise “fool” the system or its intent will be cause for **automatic rejection of the application**. This includes entering zeros or blank spaces in green-shaded cells intended for actual data. Leave all number cells completely empty unless a number greater than zero is entered to indicate actual pertinent data.

Any attempt to replicate the form in such a manner so as to remove the DCA-protection feature and then submit the unprotected (or re-protected) replicated version for consideration will be cause for automatic rejection of the application.

8. Instructional comments are included in cells containing a red triangle in the upper right-hand corner. To read the comment, place the cursor over the box without clicking. The comment box will appear momentarily.
9. Print margins may shift in viewing and printing due to different printers and printer drivers. In these cases, applicants are requested not to adjust margins except just prior to printing. Margin adjustments must not be saved and should be returned to the preset positions before submitting to DCA. To do this, save the document **BEFORE** making margin changes, then make margin changes, then print, then close the file without saving, and then re-open the file if needed. DCA has pre-set the margins to work on DCA printers.
10. **If you have any questions on using or difficulties with the electronic version of the application or these instructions**, please contact Stephen Barrett via email at sbarrett@dca.state.ga.us as soon as possible. Please include the following information:
 - A virus-free WinZip-compressed copy of the electronic OAH 2004-100 Core Application Form workbook you are working in as an attachment. Please perform a virus scan on the file prior to sending (right-click on the unopened file and select **Scan for Viruses** after you have updated your anti-virus files from the manufacturer's web site – e.g. Norton or McAfee). **PLEASE use WinZip (free trial version and instructions are available from www.winzip.com) to compress the file before sending it.**
 - Electronic Core Application Tab Name and cell reference (column letter, row number), if applicable
 - Detailed description of the nature of your problem
 - Your computer's basic specs: processor speed, MB of RAM, operating system, Excel version

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11. In cases where the electronic OAH 2004-100 Core Application Form cannot be saved on the applicant's CD-R / CD-RW, the applicant is requested to use one of the following options (listed in order of preference).

- **OPTION ONE:** Use the WinZip file compression program (free trial version and instructions for use are available for download from www.winzip.com) to compress the file. Instructions for downloading WinZip:
 - Make sure you have a web browser and Internet service on your computer. Free versions of Microsoft Internet Explorer are available from www.microsoft.com and free Internet service is available from www.netzero.com for your computer. You will need 5 diskettes to download Netzero for subsequent installation on your own computer.
 - Click on the WinZip link provided in the Links section of the Introduction/Table of Contents tab of the electronic Application, or enter www.winzip.com into the web browser URL box.
 - When WinZip home page appears, click on "Download Evaluation Version" and follow directions.
 - If problems or questions arise before, during or after download, click on "Support and FAQs."
 - After WinZip is installed on your computer, place a blank CD-R / CD-RW in the CD-R / CD-RW drive and:
 - Right-click on the unopened OAH 2004 Core Application form spreadsheet
 - Select **Add to <<Your File Name>> Zip**
 - Click the **I Agree** button
 - A zip file with your file's name appears at the bottom of the folder / file directory in use
 - Right-click and select **Send to** and then select the CD-R / CD-RW drive. The zip file is stored on the CD-R / CD-RW.

Should the compressed file still not fit onto the CD-R / CD-RW, then:

- Right-click on the unopened OAH 2004 Core Application form spreadsheet
 - Select **Add to Zip**
 - Click the **I Agree** button
 - When the **Add** box appears, replace the "c:/" with "d:/" (or whatever the CD-R / CD-RW drive letter is) in the **Add to Archive** text box. Leave the rest of the text shown.
 - Select "Add (and Replace) Files" in the **Action** box
 - Select "Maximum (slowest)" in the **Compression** box
 - Place a check mark in the "Include System and Hidden Files" box under **Attributes**
 - Click **Add**. When done, test CD-R / CD-RW to insure proper opening of file.
- **OPTION TWO:** Email the completed virus-free (make sure your virus files are updated) WinZip-compressed electronic application to jfitzger@dca.state.ga.us and sbarrett@dca.state.ga.us no later than 5:00 p.m. EST May 4, 2004. **This MUST be the same electronic file from which the paper copies of the OAH 2004-100 Core Application Form submitted with the Application Package are printed out.** Please perform virus scan prior to sending (right-click on the unopened file and select **Scan for Viruses**). DCA is not responsible for applications not received in this manner due to Internet provider or network failures.

Be sure to print out a hard copy from this completed form for each of the binders and for the extra four copies going into the smaller binder, as detailed in the "Execution and Delivery" section of these Instructions. Once the data is entered and ready for submission, put only the document(s) containing the applicant's data onto a diskette for submission.

2004 APPLICATION TABS CHECKLIST
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Included in the electronic 2004-100 Application Excel workbook, the 2004 Application Tabs Checklist lists each tab letter, a box, the content of each tab, and the required order of the tab contents. All applicants should review the Application Tabs Checklist before completing the OAH 2004-100 Core Application Form. **The completed Application Tabs Checklist must be printed out and placed in front of Tab 1 in the application binder.** Several items on the OAH 2004-100 Core Application Form will require the attachment of additional pages. Please note that there are items required by the Application Tabs Checklist that are not mentioned in either the OAH 2004-100 Core Application Form or in these Instructions. Follow the directions for each item, label the item accordingly, and insert it into the Application Package Binder in the appropriate tab as indicated by the Application Tabs Checklist. Check the appropriate box for each document included.

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OAH 2004-100 CORE APPLICATION FORM INSTRUCTIONS

All applicants must refer to these Application Form Instructions before, during, and after completing the Application Form.

APPLICATIONS INVOLVING ONLY ONE CONTIGUOUS SITE WILL ONLY NEED TO COMPLETE PAGES 1 THROUGH 22 OF THE ELECTRONIC "TAB III APPLICATION FORM, SELF SCORE" (CORE APPLICATION). APPLICATIONS INVOLVING ONE OF THE SCATTERED SITE OPTIONS WILL NEED TO COMPLETE PAGES 1-18 AND PAGES 23 THROUGH 70 AS DESCRIBED BELOW. ALL APPLICANTS WILL COMPLETE PAGES 71-74, WHICH ARE TABS IV, V, VI, AND VII, RESPECTIVELY, IN THE ELECTRONIC APPLICATION WORKBOOK, IN ADDITION TO TAB II, THE APPLICATION TABS CHECKLIST. TAB VIII, COMMENTS AND CLARIFICATIONS, IS AN OPTIONAL TAB FOR APPLICANTS TO USE IF THERE IS ANY INFORMATION NOT EXPLICITLY CAPTURED IN APPLICATION THAT THE APPLICANT FEELS DCA NEEDS TO KNOW.

When entering text data, please do **not** use all upper-case letters or all lower-case letters. When entering phone, fax, beeper, and cellular numbers or zip codes, enter numbers only with no blank spaces, parenthesis or hyphens – these cells are pre-formatted. Phone, fax, beeper, and cellular numbers will require area codes. Zip codes will require 4-digit extensions (enter 4 zeroes at end if not applicable).

Please note that original signatures are required in several places on the Form.

PROJECT CONCEPT

Project Narrative – Include behind **"TAB 2"** a narrative explaining the project concept. Identify the needs of the target population and specifically address how the project will meet the needs of the target population.

I. PROJECT INFORMATION

Project Name—Enter the name of the proposed project. Do NOT use all upper case or all lower-case letters.

Project Site Description—Indicate the appropriate description for the project site by selecting "Yes" in the box next to the correct description. Applications involving only one contiguous site will only need to complete pages 1 through 22 of the electronic Tab III Application Form, Self Score (Core Application). Applications involving one of the scattered site options will need to complete pages 1-18 and 23 through 70 as described below. Please note that some sections of the application are broken out or replicated to obtain site-specific information for projects involving scattered sites. Some of these sections are replicated three times (as Site A, Site B, Site C), while some sections are replicated six times (as Site A, Site B, Site C, Site D, Site E, Site F).

Applicants with projects involving **one contiguous site** must complete all sections in pages 1-22 of the electronic Tab III Application Form, Self Score (Core Application) with information for the *total project*.

Applicants with projects involving up to **six non-contiguous parcels within a 1/2-mile radius** must complete the following sections in pages 1-18 to capture *total project* information:

- Project Financing Overview
- Public Housing Replacement
- Target Population
- Project Participant Information
- Other Project Team Information
- Development Budget
- Rent Chart
- Other Income Sources
- Operating Expense Budget
- Project Financing Summary
- Project Cash Flow Proforma

but must complete the following sections in pages 1-18 to capture *only Site A* information:

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Proposed Activity Summary (just the “Totals for Site” part)
Project Configuration
Project Location Characteristics
Utility Allowance Information (unless there are only one or two utility unit configurations in the entire project)
Breakout by Unit Rent Type

and must use the additional applicable site-specific portions of the following application sections of pages 23-70:

Project Configuration
Proposed Activity Breakout
Project Location Characteristics
Utility Allowance Information
Breakout by Unit Rent Type

Applicants with projects involving up to **three multifamily non-contiguous properties within a 50-mile radius** must use the following sections in pages 1-18 for *Total Project* information:

Project Information (except for the Proposed Activity Summary part for Totals for Site)
Project Financing Overview
Public Housing Replacement
Target Population
Project Participant Information
Other Project Team Information

but must use the following application sections in pages 1-18 for *Site A*:

Project Configuration
Proposed Activity Summary (just the “Totals for Site” part)
Project Location Characteristics
Development Budget
Utility Allowance Information
Rent Chart
Breakout by Unit Rent Type
Other Income Sources
Operating Expense Budget
Project Financing Summary
Project Cash Flow Proforma

and must use the additional applicable site-specific portions of the following application sections of pages 23-70:

Proposed Activity Breakout
Project Location Characteristics
Development Budget
Utility Allowance Information
Rent Chart
Breakout by Unit Rent Type
Other Income Sources
Operating Expense Budget
Project Financing Summary
Project Cash Flow Proforma

Additional Credits—If you are applying for tax credits, identify whether the credits requested are additional credits for an existing tax credit project by providing the GHFA/DCA project number previously assigned to that project as shown from the earlier Allocation. If not applicable, then LEAVE BLANK.

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Proposed Activity Summary—

For this section, applicants must remember that:

- Applicants with projects involving **one contiguous site** must use the page 1 portion.
- Applicants with projects involving up to **six non-contiguous parcels within a 1/2-mile radius** must use the page 1 portion for Site A as well as the applicable site-specific portions in the scattered site extended application.
- Applicants with projects involving up to **three non-contiguous multifamily sites within a 50-mile radius** must use the page 1 portion for Site A as well as the applicable site-specific portions in the scattered site extended application.

Totals for Site — Enter the number of units to indicate whether the site will involve rehabilitation alone, acquisition and rehabilitation, and/or new construction, broken out by Proposed Structural Type (multifamily or single-family detached). **Acquisition alone is not an eligible program activity.** If combining New Construction with one of the other activities, then enter the appropriate number of units for all activities that apply.

Totals for Project — Automatically indicates whether the proposed project will involve rehabilitation alone, acquisition and rehabilitation, and/or new construction based on the entries provided by applicant. This section's totals include data for scattered site projects that is entered later in the application.

If you are applying for acquisition credits (allowable in conjunction with rehabilitation only), insert a Legal Opinion attesting to the project's eligibility for acquisition tax credits under Section 42 of the Internal Revenue Code in the application binder in **TAB 13**.

Special Rehabilitation—Note whether the project, if it involves rehabilitation, includes special considerations for historic preservation/rehabilitation or adaptive reuse. Indicate the appropriate response by selecting "Yes" or "No" in the box next to the activity.

Per-Unit Cost Limit Waiver Approved—Note (indicate with an "Yes") whether a waiver of DCA's per-unit cost limits applies to this project. If you have requested and been granted a Per-Unit Cost Limit waiver from DCA, enter the new Per-Unit Cost Limit into the box provided and insert a copy of DCA's waiver approval in the application binder in **TAB 2**.

Architectural Design Waiver Approved—Note (indicate with an "Yes") whether a waiver of DCA's architectural guidelines and standards applies to this project. If you have requested and been granted an Architectural Design waiver from DCA, insert a copy of DCA's waiver approval in the application binder in **TAB 2**.

Operating Cost Waiver Approved—Note (indicate with an "Yes") whether a waiver of DCA's operating cost policy applies to this project. If you have requested and been granted an Operating Cost waiver from DCA, enter the new Operating Cost Limit into the box provided and insert a copy of DCA's waiver approval in the application binder in **TAB 2**. Or, if requesting such waiver at time of application, please insert request and support documentation in the application binder in **TAB 2**.

Payment and Performance Bonds Waiver Request—If you are requesting a performance and payment bonds waiver, please include the appropriate form (N-3) in the application binder in **TAB 2**.

Projected Place-In-Service Date – Indicate projected place-in-service date for project.

Extension of Cancellation Option—For 9% tax credit purposes, enter the number of years the Owner agrees to forgo the Cancellation Option beyond the 15-year credit compliance period. See also **Appendix II, Section 4(G)** of the 2004 Qualified Allocation Plan.

- OR -

Conversion to Homeownership—For tax credit purposes, indicate whether the owner is submitting a plan for homeownership conversion (placed in the application binder in **TAB 22**.)

Tax Credit Projects Minimum Set-Aside Election (Rent and Income)—Indicate the desired set-aside election (20/50 or 40/60). **Note: this election must be made if you are applying for any low-income housing tax credits. Please be advised that all HOME applications seeking Low Income Housing Tax Credits must choose one of these Tax Credit elections in addition to their HOME Set-Aside Election.**

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DCA HOME Only Projects Minimum Set-Aside Requirement (Rent and Income)—Projects funded in whole or in part by a DCA HOME loan must set aside **twenty (20) percent of the HOME assisted units that must be occupied by very low-income families and meet one of the following rent requirements**, whichever is lower:

- 50% of AMI, or
- The HUD Fair Market Rent for the area.

The balance of units must have rents set at or below 60% of AMI or the HUD Fair Market Rent, whichever option is lower.

DCA HOME and Tax Credit Projects Minimum Set-Aside Requirement (Rent and Income)—Projects funded in whole or in part by a DCA HOME loan in addition to Low Income Housing Tax Credits, must set aside 40% of units at 50% of AMI in **each building**.

Other (non-DCA) HOME and Tax Credit Projects Minimum Set-Aside Requirement (Income)—Projects funded in whole or in part by a HOME loan not from DCA with a below-AFR interest rate in addition to Low Income Housing Tax Credits, must set aside 40% of units at 50% of AMI in **each building** to be eligible for the 9% credit without removal of HOME amount from the eligible basis. Please note that when requesting a DCA HOME loan with an interest rate at or above the AFR, the DCA policy regarding the 40/50 election will still apply.

Calculating Points for Very Low Income Units Exceeding Minimum Set-Aside Requirement.

If you have elected the 20/50 set aside, at least 20% of the residential units in the project must be both rent restricted and occupancy restricted by tenants whose gross income is 50% or less of AMI. Additional units beyond the 20% minimum must satisfy the same 50% rent and income limits to be considered low income tax credit units. Therefore, no points can be claimed for very low income and rent restrictions exceeding the minimum set aside requirements in this category.

If you have selected the 40/60 tax credit set aside, points will be awarded for all units with rents set at 50% AMI and reserved for individuals with incomes set at 50%.

If you are a DCA HOME funded project, you are required to set aside 40% of the units at 50% rent and income levels. If you elect the 40/60 tax credit set aside, additional low-income housing units are required to be at 60% rent and income levels or below. Points will be awarded for any units above the 40/50 minimum set aside requirements with rents set at 50% AMI and reserved for occupancy by individuals with incomes greater than 30% but less than or equal to 50%.

If you elect the 20/50 tax credit set aside, additional low-income housing units are required to be at 50% rent and income levels or below. Therefore, no points can be claimed for very low income and rent restrictions exceeding the minimum set aside requirements in this category.

If you are a non DCA HOME funded project with a HOME loan rate below AFR and you are applying for 9% credits, you are required to set aside 40% of the low income tax credit units at 50% income levels if the HOME loan is to be included in eligible basis. Additional low income housing units are not required to be at 50% income levels. Points will be awarded for any additional units with rents set at 50% AMI and reserved for occupancy by individuals with incomes greater than 30% of AMI but less than or equal to 50% of AMI.

Calculating Points for Very Very Low Income Units.

Irrespective of the tax credit set aside election or program requirements for HOME, all units with rent and income levels set at 30% which have not received points in other categories will receive points in Section 4D of Additional Rent and Income Elections.

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II. PROJECT FINANCING OVERVIEW

All projects, regardless of Project Site Description, will complete this section for the *total project*.

DCA Funding Source Request Amount—The electronic application will automatically input the LIHTC amount and the HOME amount for you here, based on your entries later in the form.

Funding Allocation Set-aside Request – For tax credit funding allocation set-aside, choose between Non-Profit or None. For HOME funding set-aside, choose between CHDO and none. Indicate also whether applying for the Rural Set-Aside by choosing Rural or None.

Non-DCA Sources—For information purposes, please indicate the amount of funding the project is receiving from the U.S. Department of Agriculture Rural Housing program (USDA), tax-exempt bond proceeds, taxable bond proceeds, FHA Insured Mortgage, Federal Home Loan Bank (AHP), other non-DCA HOME Program or other source. IF NONE, THEN LEAVE BLANK. If the project's financing includes tax-exempt bonds, indicate which OAH Funding Year the project is applying under and the bond issuer.

III. PROJECT CONFIGURATION

For the Project Configuration section:

- Applicants with projects involving **one contiguous site** must use only the section on the first page.
- Applicants with projects involving up to **six non-contiguous parcels within a 1/2-mile radius** must use only the section on the first page.
- Applicants with projects involving up to **three multifamily non-contiguous properties within a 50-mile radius** must use the section on first page for Site A as well as the applicable site-specific sections in the later scattered site extended application.

Number of Units—Enter the number of those units that are proposed to house low-income tenants, the total number of market-rate units planned, the total number of handicapped-equipped units and the total number of those units that are designed to house visually-impaired or hearing-impaired tenants. For tax credit purposes, the leasing office will be considered common space, and the cost may be included in eligible basis.

Number of Buildings—Enter the number of those buildings that are proposed to house low-income tenants, the total number of residential (not considered common space) buildings and the total number of buildings planned.

Square Footage—Enter the total low-income residential square footage, the total residential (not common space) square footage, and the total square footage for the proposed project.

Number of Parking Places for Residents—Indicate the total number of parking places planned on the site for exclusive use by residents. The minimum number of such parking spaces is 1.5 per unit. DCA will not override local zoning requirements for a lower residential parking ratio, unless the owner submits documentation from the local zoning agency stating that a lower residential parking ratio is acceptable per the local zoning code.

Employee Units (common space/market rate /LIHTC)—Enter the number of employee units that will be considered as either "Common Space", "Market Rate", or LIHTC units. See also the "Employee Unit Designation" policy in the 2004 Qualified Allocation Plan. Indicate number of bedrooms (enter a number only, NOT "BR"), number of bathrooms, and unit square footage. For example:

<u>Nbr of Units</u>	<u>Nbr of Bedrooms</u>	<u>Nbr of Bathrooms</u>	<u>Square Footage</u>
1	2	1	1000

Residential Building Style—Note whether the proposed project involves one-story garden style, two-story walkups, three-or-more-story (or "mid-rise"), high-rise, townhouses, or single family detached (single site). Note all that apply. In addition, note the following:

Total Number of Units by Unit Type—These spaces will fill in after the applicant completes the application.

Mixed-Income—Note whether you intend to develop a mixed-income project.

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Mixed-Use—Note whether you intend to develop commercial space as part of your project. If so, also note the total square footage and the total development costs that would apply to the commercial space, as well as the type(s) of commercial space. Examples of commercial space include but are not limited to: clothing store, convenience store, daycare center, drugstore/pharmacy, dry cleaner, eatery/diner, hair salon/barber shop, job/technical training center, laundry, onsite health clinic, police substation, video rental, etc. Note: For a mixed-use development, please include the Total Sources & Uses and the Operating Proforma relating to the non-residential real estate, and any related supporting documentation including but not limited to financing commitments and leases and/or letters of intent from prospective lessees.

IV. PUBLIC HOUSING REPLACEMENT

PUBLIC HOUSING REPLACEMENT—State whether the proposed project is part of a local public-housing replacement program. Indicate the Number of units reserved and rented to public housing tenants. Also indicate the number of units reserved and rented to PHA tenants with PBRA or households on waiting list.

Name of Local Public Housing Authority—Enter the name of the local PHA. Do NOT use all upper case or all lower-case letters.

Contact Name—Enter the name of the individual who will serve as the primary contact with the applicant. Do NOT use all upper case or all lower-case letters.

Office Street Address—Enter the street address (not a P. O. Box), building/suite number, city, state, and ZIP code for the ownership entity or the individual or organization serving on its behalf in dealings with DCA. Do NOT use all upper case or all lower-case letters.

Web site— Provide the entity's Internet web site address if one exists.

Contact Email Address—Enter the electronic mail address of the individual who will serve as the primary contact with the applicant. Do NOT use all upper case or all lower-case letters.

Phone Numbers—Enter the main office telephone number, extension (if applicable), facsimile number, direct number, and cellular phone number. When entering phone, fax, and cellular numbers or zip codes, enter numbers only with no blank spaces, parenthesis or hyphens – these cells are pre-formatted. Phone, fax, and cellular numbers will require area codes.

V. TARGET POPULATION

TARGET POPULATION – use the drop-down list provided to identify whether the planned occupants are families, elderly, older persons or special-needs tenants.

If they are special-needs tenants, identify the **type** of special-needs tenants proposed to be served. Special Needs types include: abused, disabled, drug addicted, migrant farm workers, persons living with HIV/AIDS, and the homeless.

EXISTING OCCUPANCY— If the proposed project involves rehabilitation and has existing tenants, identify the total number of *occupied* units. The percentage of units occupied will be calculated by the spreadsheet. Please also see the "Relocation and Displacement of Tenants" policy in the 2004 Plan, as well as the Relocation and Displacement Manual.

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PROJECT LOCATION CHARACTERISTICS

For the Project Location Characteristics section:

- Applicants with projects involving **one contiguous site** must use section on page 2.
- Applicants with projects involving up to **six non-contiguous parcels within a 1/2-mile radius** must use the section on page 2 for Site A as well as the applicable site-specific portions of the extended application for scattered sites.
- Applicants with projects involving up to **three non-contiguous multifamily sites within a 50-mile radius** must use the section on page 2 for Site A as well as the applicable site-specific portions of the extended application for scattered sites.

Site Street Address—Enter the street address, city, ZIP code, and county of the proposed site. Regardless of whether the project is located in any city's limits, be sure to include the correct city in the address whose *postal* address will be used. Do NOT use all upper case or all lower-case letters. Do not state "Unincorporated" for city on the project address. Please also see the "Rural County Projects" policy in the 2004 Plan.

City Limits—Indicate whether the project is located inside city limits. Use the electronic Comments and Clarifications Tab if needed.

Census Tract Number—Enter the census tract number in which the proposed site is located. The census tract number and information are available from the local planning authorities.

QCT/DDA (Qualified Census Tract / Difficult Development Area)—Note whether the proposed site is located in a qualified census tract or difficult development area. The census tract number and information are available from the local planning authorities. If you are seeking the 130% increase in eligible basis for tax credit projects, insert documentation evidencing site is in QCT or DDA stating the census tract and the property address in the application binder in **TAB 26**.

DCA Utility Region—The DCA Utility Region (North, middle or South), based on the county in which the site is located, appears automatically. Please transfer this to the appropriate Utility Allowance Configuration Chart(s) to be used for this site.

Area of Site —Enter the area of the site in acres. Also note the proposed planned **Density** in units per acre.

Legislative Districts—Identify the applicable districts in which the site lies for the U.S. House of Representatives, the Georgia State Senate, and the Georgia State House of Representatives. If the property lies on a "line," i.e., in more than one district, indicate the other district in the second (bottom) space provided. Enter only a number with no letters (e.g., 8., not 8th).

Site Configuration - Note whether the proposed project involves one-story garden style, two-story walkups, three-or-more-story (or "mid-rise"), high-rise, townhouses, or single family detached (single site). Note all that apply. In addition, note the following:

Total Number of Units by Unit Type—These spaces will fill in after the applicant completes the application.

Utility Availability—Note whether applicable utilities, including gas, electricity, water, and sewer, are currently available to the site. Insert original letters from the local gas or electricity utility providers in the application binder in **TAB 6**. Insert original letters from the local water and sewer utility providers in the application binder in **TAB 6**. Indicate for each utility whether it will be individually metered for each unit, and whether the utility provider will individually bill each tenant

Government Financial Assistance Letters—Indicate whether you have any letters of local government financial assistance for the site. For financial support, indicate that the endorsement includes financial support, and include evidence of that support in the application binder in **TAB 25**. **This includes USDA or Federal Home Loan Bank Affordable Housing Program (AHP) funding as well.**

Complete the table as follows, do NOT use all upper-case or all lower-case letters:

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Financial Assistance:

1. Indicate whether the financial assistance is for costs related to development or operations by placing an "X" on the appropriate line. If the financial assistance is for costs related to the project's development, place an "X" on the first/top line. If the financial assistance is for costs related to the project's operations, place an "X" on the second/bottom line.
2. Indicate whether the financial assistance is included in the development or operating expense budget by placing an "X" on the appropriate line. If the financial assistance is for costs related to the project's development, place an "X" on the first/top line. If the financial assistance is for costs related to the project's operations, place an "X" on the second/bottom line.
3. Refer to the Development Budget and the Operations Budget found in the OAH 2004-100 Core Application Form. Indicate the budget sections (of the development or operations budget, as appropriate) in which the financial assistance is included. If the financial assistance is for costs related to the project's development, indicate to which of the following development budget sections the financial assistance is applicable:

Pre-Development
Acquisition
Site Improvements
Unit/Building Construction
Contractor Services
Construction Financing
Professional Services
Local Government Fees
Financing Fees
Equity Costs
Developer's Fee
Start-Up and Reserves

If the financial assistance is for costs related to the project's operations, indicate to which of the following operating expenses budget sections the financial assistance is applicable:

On-Site Staff Costs
On-Site Office Costs
Professional Services
Maintenance Expenses
Utilities
Taxes and Insurance
On-Site Security
Management Fee
Replacement Reserves

4. Indicate the dollar amount of the financial assistance in the appropriate category (development or operations).
5. Insert the **original** letter(s) documenting such support in the application binder in **TAB 25**.

Government Support Letters—Indicate whether you have any letters of local government support for the site. The sample Local Government Jurisdiction support form letter can be found in the Application Manual **Tab O**. If the project has a letter from the local government supporting the project with a resolution, please include it in application binder **TAB 24**.

Local Political Jurisdiction Information—Provide the following information. Do **not** use all upper case or all lower-case letters. When entering phone, fax, or zip codes, enter numbers only with no blank spaces, parenthesis or hyphens – these cells are pre-formatted. Phone and fax numbers will require area codes. Zip codes will require 4-digit extensions (enter 4 zeroes at end if not applicable).

Jurisdiction Name (city if within city limits; county if outside of city limits),
Jurisdiction's web site address (if one exists), and
Name of the Chief Executive Officer (elected official—e.g., mayor, county commission chairman, etc.), and that person's Address, City, County, ZIP code, Telephone number, and Fax number

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Site Control - Indicate the type of site control (contract, option, or deed) and insert it in the application binder in **TAB 3**. If the site control results from a sales option contract with time period extensions, indicate the date that the last time extension ends.

Identity of Interest—Indicate whether an Identity of Interest exists between the Applicant and the Seller. Provide details of this relationship in the Comments and Clarifications tab and include the applicant's appraisal in the application binder **TAB 8**.

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PROJECT PARTICIPANT INFORMATION
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It is the strict policy of the Georgia Department of Community Affairs that all applicants will be held to all representations made in the OAH 2004-100 Core Application Form and all supporting documentation, whether the representations apply to specific competitive selection criteria or not, for the duration of the greater of the Credit Compliance Period or term of the HOME loan if applicable. Changes of any Project Participant after submission of Application to DCA must be approved in writing by DCA prior to the change. **Please do NOT enter information using all upper case or all lower-case letters.**

I. OWNERSHIP ENTITY INFORMATION

(Note: refer to the Compliance Summary Attachment section at the end of the Instructions).

SPECIAL NOTE: If the proposed project is awarded funding by the Georgia Department of Community Affairs (DCA), the project must proceed with the team members as presented in this OAH 2004-100 Core Application Form unless written approval is obtained in advance from DCA.

A. NAME OF OWNERSHIP ENTITY—Enter the name of the proposed ownership entity. Do NOT use all upper case or all lower-case letters. Include the type of business entity (“Inc.,” “LP,” “L.L.C.,” etc.). Both the experience of the principle staff person responsible for the project underwriting, loan closing and construction oversight as well as the organizational experience must be documented, and both the staff person’s and organization’s experience will be assessed. Please see the “Partnerships Agreements” policy in the 2004 Plan.

Web site— Provide the entity’s Internet web site address if one exists.

Office Street Address—Enter the street address (no Post Office boxes), building/suite number, city, state, and ZIP code for the ownership entity or the individual or organization serving on its behalf in dealings with DCA. Do NOT use all upper case or all lower-case letters.

Federal Tax ID#—Enter the federal tax identification number for the ownership entity.

Contact Name—Enter the name of the individual who will serve as the primary contact with DCA and their electronic mail address. Do NOT use all upper case or all lower-case letters.

Phone Numbers—Enter the main office telephone number, extension (if applicable), facsimile number, direct phone number, and cellular phone number. When entering phone, fax, and cellular numbers or zip codes, enter numbers only with no blank spaces, parenthesis or hyphens – these cells are pre-formatted. Phone, fax, and cellular numbers will require area codes.

B. PROPOSED PARTNERSHIP INFORMATION

(Note: Please also refer to the Compliance Summary Attachment section at the end of the Instructions).

1. GENERAL PARTNER(S)

Managing General Partner—Enter the **name** of the individual or business entity serving as the managing general partner. Do NOT use all upper case or all lower-case letters. If the managing general partner is a business entity, be sure that the name includes the type of business entity (“Inc.,” “LP,” “L.L.C.,” etc.). Provide the entity’s Internet **web site** address if one exists. Enter the **name, street address** (no Post Office boxes), **city, state, ZIP code** and **electronic mail address** for the individual serving on its behalf in dealings with DCA. Enter the **federal tax identification number** for the managing general partner. Enter the **main office** telephone number, **extension** (if applicable), **facsimile** number, **direct phone** number, and **cellular** phone number. When entering phone, fax, and cellular numbers or zip codes, enter numbers only with no blank spaces, parenthesis or hyphens – these cells are pre-formatted. Phone, fax, and cellular numbers will require area codes. Zip codes will require 4-digit extensions (enter 4 zeroes at end if not applicable). If **more than one entity** comprises the Managing General Partner, provide the aforementioned information for all the entities making up the Managing General Partner in the application binder in **TAB 14**.

Ownership Experience Status - Indicate whether a DCA Ownership Experience Determination was made for the respective entity/party.

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Other General Partners (1 and 2)— Enter the **name** of the individual or business entity serving as a general partner. Do NOT use all upper case or all lower-case letters. If the general partner is a business entity, be sure that the name includes the type of business entity ("Inc.," "LP," "L.L.C.," etc.). Provide the entity's Internet **web site** address if one exists. Enter the **name, street address** (no Post Office boxes), **building/suite number, city, state, ZIP code** and **electronic mail address** for the individual serving on its behalf in dealings with DCA. Enter the **federal tax identification number** for the general partner(s). Enter the **main office** telephone number, **extension** (if applicable), **facsimile** number, **direct phone** number, and **cellular** phone number. When entering phone, fax, and cellular numbers or zip codes, enter numbers only with no blank spaces, parenthesis or hyphens – these cells are pre-formatted. Phone, fax, and cellular numbers will require area codes. Zip codes will require 4-digit extensions (enter 4 zeroes at end if not applicable). If **more than one entity** comprises the Other General Partner, provide the aforementioned information for all the entities making up the Other General Partner in the application binder in **TAB 14**.

Ownership Experience Status - Indicate whether a DCA Ownership Experience Determination was made for the respective entity/party. If no, provide the Request for an Ownership Experience Determination in **TAB 15**.

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2. LIMITED PARTNER

Enter the **name** of the business entity serving as the limited partner. Do NOT use all upper case or all lower-case letters. Note that this information is not required at this stage, **but it will be due 75 days after credit reservation if the project is funded.** Ensure that this is the *ultimate* limited partner and not the temporary limited partner whose interest would be purchased upon syndication or private placement of the tax credits. Be sure that the name includes the type of business entity ("Inc.," "LP," "L.L.C.," etc.). Provide the entity's Internet **web site** address if one exists. Enter the **name, street address** (no Post Office boxes), **building/suite number, city, state, ZIP code** and **electronic mail address** for the individual serving on its behalf in dealings with DCA. Enter the **federal tax identification number** for the limited partner. Enter the **main office** telephone number, **extension** (if applicable), **facsimile** number, **direct phone** number, and **cellular** phone number. When entering phone, fax, and cellular numbers or zip codes, enter numbers only with no blank spaces, parenthesis or hyphens – these cells are pre-formatted. Phone, fax, and cellular numbers will require area codes. Zip codes will require 4-digit extensions (enter 4 zeroes at end if not applicable).

LIMITED PARTNER'S PROJECT INVESTMENT—Insert the total equity investment (total of the general partner(s) and limited partner's equity investments), anticipated annual tax credit allocation, and the proposed **limited partner's price per tax credit dollar** (not including any contribution from the general partner(s)) in the spaces provided. This price should reflect the total investment (federal credits plus state credits). Also insert the equity contribution schedule in the table. **Do NOT leave formulas or references to other cells as the amount – an actual numerical value must be entered before submitting the electronic application.**

OTHER LIMITED PARTNER

If there is more than one limited partner, enter the **name** of the business entity serving as the other limited partner. Do NOT use all upper case or all lower-case letters. Ensure that this is the other *ultimate* limited partner and not a temporary limited partner whose interest would be purchased upon syndication or private placement of the tax credits. Be sure that the name includes the type of business entity ("Inc.," "LP," "L.L.C.," etc.). Provide the entity's Internet **web site** address if one exists. Enter the **name, street address** (no Post Office boxes), **building/suite number, city, state, ZIP code** and **electronic mail address** for the individual serving on its behalf in dealings with DCA. Enter the **federal tax identification number** for the limited partner. Enter the **main office** telephone number, **extension** (if applicable), **facsimile** number, **direct phone** number, and **cellular** phone number. When entering phone, fax, and cellular numbers or zip codes, enter numbers only with no blank spaces, parenthesis or hyphens – these cells are pre-formatted. Phone, fax, and cellular numbers will require area codes. Zip codes will require 4-digit extensions (enter 4 zeroes at end if not applicable).

OTHER LIMITED PARTNER'S PROJECT INVESTMENT—Insert the total equity investment (total of the general partner(s) and limited partner's equity investments), anticipated annual tax credit allocation, and the proposed **limited partner's price per tax credit dollar** (not including any contribution from the general partner(s)) in the spaces provided. This price should reflect the total investment (federal credits plus state credits). Also insert the equity contribution schedule in the table. **Do NOT leave formulas or references to other cells as the amount – an actual numerical value must be entered before submitting the electronic application.**

3. NONPROFIT SPONSOR

Managing General Partner—Enter the **name** of the individual or business entity serving as the nonprofit sponsor. Do NOT use all upper case or all lower-case letters. If the nonprofit sponsor is a business entity, be sure that the name includes the type of business entity ("Inc.," "LP," "L.L.C.," etc.). Provide the entity's Internet **web site** address if one exists. Enter the **name, street address** (no Post Office boxes), **city, state, ZIP code** and **electronic mail address** for the individual serving on its behalf in dealings with DCA. Enter the **federal tax identification number** for the nonprofit sponsor. Enter the **main office** telephone number, **extension** (if applicable), **facsimile** number, **direct phone** number, and **cellular** phone number. When entering phone, fax, and cellular numbers or zip codes, enter numbers only with no blank spaces, parenthesis or hyphens – these cells are pre-formatted. Phone, fax, and cellular numbers will require area codes. Zip codes will require 4-digit extensions (enter 4 zeroes at end if not applicable).

Ownership Experience Status - Indicate whether a DCA Ownership Experience Determination was made for the respective entity/party.

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III. DEVELOPER(S) (Note: refer to the Compliance Summary section at the end of the Instructions).

Enter the name of the individual(s) or business entity(-ies) serving as the Developer(s) if this individual(s) or entity(-ies) is not serving as a general partner. Do NOT use all upper case or all lower-case letters. **Complete this section for "Project Development Consultant" if you are applying for the CHDO set-aside and you have insufficient ownership entity and/or experience (however, the CHDO will be the main point of contact for all dealings with DCA).** If this developer is a business entity, be sure that the name includes the type of business entity ("Inc.," "LP," "L.L.C.," etc.). Provide the entity's Internet **web site** address if one exists. Enter the **name, street address** (no Post Office boxes), **building/suite number, city, state, ZIP code** and **electronic mail address** for the individual(s) serving on its behalf in dealings with DCA. Enter the **federal tax identification number** for the entity. Enter the **main office** telephone number, **extension** (if applicable), **facsimile** number, **direct phone** number, and **cellular** phone number. When entering phone, fax, and cellular numbers or zip codes, enter numbers only with no blank spaces, parenthesis or hyphens – these cells are pre-formatted. Phone, fax, and cellular numbers will require area codes. Zip codes will require 4-digit extensions (enter 4 zeroes at end if not applicable).

Development Experience Status - Indicate whether a DCA Developer Experience Determination was made for the respective entity/party.

IV. OTHER REQUIRED INFORMATION

Answer the following 5 questions for each participant in the spaces provided. Answer the questions for "developer" only if the developer is not a general partner:

1. Is the participant a Minority Business Enterprise or a Woman Business Enterprise? Indicate "Y" if yes or "N" if no.
2. Has any person, principal, or agent for the participant ever been convicted of a felony? If yes, please insert an explanation providing dates and details of each circumstance in the application binder in **TAB 29**.
3. Indicate whether there is a direct or indirect financial interest between any Project Participant and any DCA official as defined in the HOME manual. If Yes, include details of the relationship on a separate page in the application binder in **TAB 2**.
4. What is the participant's ownership interest (percentage) in the project?
5. What is the participant's applicable organization type (For-Profit, Non-Profit, or CHDO)?
6. What is the participant's federal income tax status (taxable, IRC 501(c)(3), IRC 501(c)(4), other)?

To qualify for non-profit preference, a non-profit must materially participate in the development and operation of the project throughout the compliance period. Within the meaning of IRC Section 469(h), "a (non-profit) shall be treated as materially participating in an activity only if the (non-profit) is involved on a basis that is regular, continuous, and substantial."

Indicate whether "fostering low-income housing" is listed among the purposes of the non-profit in its Articles of Incorporation.

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OTHER PROJECT TEAM INFORMATION

I. OTHER PROJECT TEAM INFORMATION

SPECIAL NOTE:

If the proposed project is awarded funding by the Georgia Department of Community Affairs (DCA), the project must proceed with the team members as presented in this OAH 2004-100 Core Application Form unless written approval is obtained in advance from DCA.

Ownership Consultant — Enter the **name** of the individual or business entity serving as the ownership consultant, whether or not they are also serving as the general partner. Do NOT use all upper case or all lower-case letters. If the developer is a business entity, be sure that the name includes the type of business entity ("Inc.," "LP," "L.L.C.," etc.). Provide the entity's Internet **web site** address if one exists. Enter the **name, street address** (no Post Office boxes), **building/suite number, city, state, ZIP code** and **electronic mail address** for the individual serving on its behalf in dealings with DCA. Enter the **main office** telephone number, **extension** (if applicable), **facsimile** number, **direct phone** number, and **cellular** phone number. When entering phone, fax, and cellular numbers or zip codes, enter numbers only with no blank spaces, parenthesis or hyphens – these cells are pre-formatted. Phone, fax, and cellular numbers will require area codes. Zip codes will require 4-digit extensions (enter 4 zeroes at end if not applicable). If an inexperienced Owner who has engaged an experienced Ownership Consultant wants to benefit (through compliance points) from the Ownership Consultant's compliance history, then the Ownership Consultant (both entity and principal) must submit the completed Compliance package (Forms J-2, J-3, and appropriate compliance documentation) to have the Consultant's factor averaged with their factor.

Ownership Experience Status - Indicate whether a DCA Ownership Experience Determination was made for the respective entity/party.

Developer Consultant — Enter the **name** of the individual or business entity serving as the developer consultant, whether or not they are also serving as the general partner. Do NOT use all upper case or all lower-case letters. If the developer is a business entity, be sure that the name includes the type of business entity ("Inc.," "LP," "L.L.C.," etc.). Provide the entity's Internet **web site** address if one exists. Enter the **name, street address** (no Post Office boxes), **building/suite number, city, state, ZIP code** and **electronic mail address** for the individual serving on its behalf in dealings with DCA. Enter the **main office** telephone number, **extension** (if applicable), **facsimile** number, **direct phone** number, and **cellular** phone number. When entering phone, fax, and cellular numbers or zip codes, enter numbers only with no blank spaces, parenthesis or hyphens – these cells are pre-formatted. Phone, fax, and cellular numbers will require area codes. Zip codes will require 4-digit extensions (enter 4 zeroes at end if not applicable).

Development Experience Status - Indicate whether a DCA Developer Experience Determination was made for the respective entity/party.

Property Management Firm—Enter the name of the individual or business entity serving as the property management firm. Do NOT use all upper case or all lower-case letters. If the property manager is a business entity, be sure that the name includes the type of business entity ("Inc.," "LP," "L.L.C.," etc.). Provide the entity's Internet **web site** address if one exists. Enter the **name, street address** (no Post Office boxes), **building/suite number, city, state, ZIP code** and **electronic mail address** for the individual serving on its behalf in dealings with DCA. Enter the **main office** telephone number, **extension** (if applicable), **facsimile** number, **direct phone** number, and **cellular** phone number. When entering phone, fax, and cellular numbers or zip codes, enter numbers only with no blank spaces, parenthesis or hyphens – these cells are pre-formatted. Phone, fax, and cellular numbers will require area codes. Zip codes will require 4-digit extensions (enter 4 zeroes at end if not applicable).

Property Management Experience Status - Indicate whether a DCA Property Management Experience Determination was made for the respective entity/party.

General Contracting Firm — Enter the **name** of the individual or business entity serving as the general contractor. Do NOT use all upper case or all lower-case letters. If the general contractor is a business entity, be sure that the name includes the type of business entity ("Inc.," "LP," "L.L.C.," etc.). Provide the entity's Internet **web site** address if one exists. Enter the **name, street address** (no Post Office boxes), **building/suite number, city, state, ZIP code** and **electronic mail address** for the individual serving on its behalf in dealings with DCA. Enter the **main office** telephone number, **extension** (if applicable), **facsimile** number, **direct phone** number, and **cellular** phone number. When entering phone, fax, and cellular numbers or zip codes, enter numbers only with no blank spaces, parenthesis or hyphens – these cells are pre-formatted. Phone, fax, and cellular numbers

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will require area codes. Zip codes will require 4-digit extensions (enter 4 zeroes at end if not applicable). Please see the "Owner-Contractor Agreements" policy in the 2004 Plan.

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Surveyor—Enter the name of the individual or business entity serving as the surveyor contact. Do NOT use all upper case or all lower-case letters. If the property manager is a business entity, be sure that the name includes the type of business entity (“Inc.,” “LP,” “L.L.C.,” etc.). Provide the entity’s Internet **web site** address if one exists. Enter the **name, street address** (no Post Office boxes), **building/suite number, city, state, ZIP code** and **electronic mail address** for the individual serving on its behalf in dealings with DCA. Enter the **main office** telephone number, **extension** (if applicable), **facsimile** number, **direct phone** number, and **cellular** phone number. When entering phone, fax, and cellular numbers or zip codes, enter numbers only with no blank spaces, parenthesis or hyphens – these cells are pre-formatted. Phone, fax, and cellular numbers will require area codes. Zip codes will require 4-digit extensions (enter 4 zeroes at end if not applicable).

Tax Attorney Firm—Enter the name of the individual or law firm serving as the tax attorney. Do NOT use all upper case or all lower-case letters. If the tax attorney is a business entity, be sure that the name includes the type of business entity (“Inc.,” “LP,” “L.L.C.,” etc.). Provide the entity’s Internet **web site** address if one exists. Enter the **name, street address** (no Post Office boxes), **building/suite number, city, state, ZIP code** and **electronic mail address** for the individual serving on its behalf in dealings with DCA. Enter the **main office** telephone number, **extension** (if applicable), **facsimile** number, **direct phone** number, and **cellular** phone number. When entering phone, fax, and cellular numbers or zip codes, enter numbers only with no blank spaces, parenthesis or hyphens – these cells are pre-formatted. Phone, fax, and cellular numbers will require area codes. Zip codes will require 4-digit extensions (enter 4 zeroes at end if not applicable).

Closing Attorney Firm—Enter the name of the individual or law firm serving as the closing attorney. If the closing attorney is a business entity, be sure that the name includes the type of business entity (“Inc.,” “LP,” “L.L.C.,” etc.). Do NOT use all upper case or all lower-case letters. Provide the entity’s Internet **web site** address if one exists. Enter the **name, street address** (no Post Office boxes), **building/suite number, city, state, ZIP code** and **electronic mail address** for the individual serving on its behalf in dealings with DCA. Enter the **main office** telephone number, **extension** (if applicable), **facsimile** number, **direct phone** number, and **cellular** phone number. When entering phone, fax, and cellular numbers or zip codes, enter numbers only with no blank spaces, parenthesis or hyphens – these cells are pre-formatted. Phone, fax, and cellular numbers will require area codes. Zip codes will require 4-digit extensions (enter 4 zeroes at end if not applicable).

Project Accounting Firm—Enter the name of the individual or firm serving as the project accountant. Do NOT use all upper case or all lower-case letters. If the accountant is a business entity, be sure that the name includes the type of business entity (“Inc.,” “LP,” “L.L.C.,” etc.). Provide the entity’s Internet **web site** address if one exists. Enter the **name, street address** (no Post Office boxes), **building/suite number, city, state, ZIP code** and **electronic mail address** for the individual serving on its behalf in dealings with DCA. Enter the **main office** telephone number, **extension** (if applicable), **facsimile** number, **direct phone** number, and **cellular** phone number. When entering phone, fax, and cellular numbers or zip codes, enter numbers only with no blank spaces, parenthesis or hyphens – these cells are pre-formatted. Phone, fax, and cellular numbers will require area codes. Zip codes will require 4-digit extensions (enter 4 zeroes at end if not applicable).

Environmental Engineering Firm—Enter the name of the individual or firm serving as the environmental engineer. Do NOT use all upper case or all lower-case letters. If the environmental engineer is a business entity, be sure that the name includes the type of business entity (“Inc.,” “LP,” “L.L.C.,” etc.). Provide the entity’s Internet **web site** address if one exists. Enter the **name, street address** (no Post Office boxes), **building/suite number, city, state, ZIP code** and **electronic mail address** for the individual serving on its behalf in dealings with DCA. Enter the **main office** telephone number, **extension** (if applicable), **facsimile** number, **direct phone** number, and **cellular** phone number. When entering phone, fax, and cellular numbers or zip codes, enter numbers only with no blank spaces, parenthesis or hyphens – these cells are pre-formatted. Phone, fax, and cellular numbers will require area codes. Zip codes will require 4-digit extensions (enter 4 zeroes at end if not applicable).

Physical Needs Assessment Firm—Enter the name of the individual or firm performing the physical needs assessment. Do NOT use all upper case or all lower-case letters. If it is a business entity, be sure that the name includes the type of business entity (“Inc.,” “LP,” “L.L.C.,” etc.). Provide the entity’s Internet **web site** address if one exists. Enter the **name, street address** (no Post Office boxes), **building/suite number, city, state, ZIP code** and **electronic mail address** for the individual serving on its behalf in dealings with DCA. Enter the **main office** telephone number, **extension** (if applicable), **facsimile** number, **direct phone** number, and **cellular** phone number. When entering phone, fax, and cellular numbers or zip codes, enter numbers only with no blank spaces, parenthesis or hyphens – these cells are pre-formatted. Phone, fax, and cellular numbers will require area codes. Zip codes will require 4-digit extensions (enter 4 zeroes at end if not applicable).

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Project Architectural Firm—Enter the name of the individual or firm performing the project architectural services. Do NOT use all upper case or all lower-case letters. If it is a business entity, be sure that the name includes the type of business entity ("Inc.," "LP," "L.L.C.," etc.). Provide the entity's Internet **web site** address if one exists. Enter the **name, street address** (no Post Office boxes), **building/suite number, city, state, ZIP code** and **electronic mail address** for the individual serving on its behalf in dealings with DCA. Enter the **main office** telephone number, **extension** (if applicable), **facsimile** number, **direct phone** number, and **cellular** phone number. When entering phone, fax, and cellular numbers or zip codes, enter numbers only with no blank spaces, parenthesis or hyphens – these cells are pre-formatted. Phone, fax, and cellular numbers will require area codes. Zip codes will require 4-digit extensions (enter 4 zeroes at end if not applicable).

II. OTHER REQUIRED PROJECT DEVELOPMENT TEAM INFORMATION

For each of the above listed entities, answer the following questions in the spaces provided:

1. Is the entity a Minority Business Enterprise or a Women Business Enterprise (MBE/WBE)? Indicate "Y" if yes or "N" if no. Provide MBE/WBE ownership documentation including a MBE/WBE Outreach Plan and a MBE/WBE Ownership Statement in the application binder in **TAB 18**.
2. Do the Developers or Owners hold a direct or indirect financial interest in any development team participant listed above? If yes, indicate whether it is the Owners or in the space provided and provide details of the relationship on a separate page, and insert it in the application binder in **TAB 2**. If no, enter "None". See also the "Identity of Interest" policy in the 2004 Plan.
3. Has any development team participant ever been debarred or suspended by any department or agency of the federal government or of any state's government? If so, provide a complete explanation including dates and details of the debarment or suspension on a separate page, and insert it in the application binder in **TAB 29**. If no, enter "No".
4. Has any person, principal, or agent for the participant ever been convicted of a felony? If yes, provide a complete explanation including dates and details of each incident, and insert it in the application binder in **TAB 29**. If no, enter "No".

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FEASIBILITY AND VIABILITY

For the Development Cost Budget section:

- Applicants with projects involving **one contiguous site** must use the development budget in the main application.
- Applicants with projects involving up to **six non-contiguous parcels within a 1/2-mile radius** must use the development budget in the main application.
- Applicants with projects involving up to **three multifamily non-contiguous properties within a 50-mile radius** must use the development budget in the main application for Site A as well as the applicable site-specific development budget(s) in the scattered site extended application.

- I. DEVELOPMENT BUDGET**—Identify development costs in the categories provided, and calculate the proposed total development cost. If requesting tax credits, indicate the level of eligible basis (4%/Acquisition Credit or 9%/New Construction/Rehabilitation Credit) to which applicable project costs are appropriate. If you encounter a development cost for the proposed project that is not addressed by the development budget AND does not fall into a budget section containing an “Other” line, then your electronic application form may perhaps be able to be customized to meet your need. Contact Joy Fitzgerald (jfitzger@dca.ga.state.us).

General—DCA will review the development budget in scoring and, as applicable, underwriting for funding reservation. DCA reserves the right to determine the reasonableness of individual line items and the budget as a whole, and to adjust line items and/or inclusion of amounts in eligible basis as may be appropriate in its determinations, in its sole and absolute discretion.

Land -- Please See the “Underwriting Assumptions for Land Purchase” policy in the 2004 Plan.

Off-Site Improvements are neither eligible for inclusion in eligible basis for tax credit purposes, nor for subsidization with HOME funds.

Construction Contingency—are limited as a percentage of the total construction hard costs (Site Improvements, Construction [net of proposed contingency]) and Contractor Services. For new construction projects, contingency must be at least 2% but no more than 5% of the total construction hard costs. For rehabilitation, minimum contingency is 5% of construction hard costs and maximum contingency is 7% of construction hard costs. Do NOT leave formulas or references to other cells as the amount – an actual numerical value must be entered before submitting the electronic application. See also the “Construction Contingency” policy and the “Soft Cost Contingency” policy in the 2004 Plan.

Contractor Services—are limited as a percentage of total construction hard costs (Site Improvements, Construction [net of proposed contingency]). Builder’s overhead is limited to 2%, builder’s profit is limited to 6%, and general requirements are limited to 6%. Do NOT leave formulas or references to other cells as the amount – an actual numerical value must be entered before submitting the electronic application. General Requirements must also include costs for such items as Site Security and Payment and Performance Bonds. Applicants must indicate the cost of the Payment and Performance Bonds in the separate line provided, but it will be combined with the General Requirements line above it before checking the 6% maximum. If you are requesting a performance and payment bonds waiver, please include the appropriate form (N-3) in the application binder in **TAB 2**. See also the “Builder Cost Limitations” policy, the “Payment and Performance Bonds” policy, the “Retainage” policy and the “Stored Materials” policy in the 2004 Plan.

Professional Services—Real Estate Attorney line item cost must include all legal-related costs **NOT** already specified by DCA in a Development Budget line item. A preliminary total of some project legal expenses is automatically calculated and includes the following line items:

Acquisition Legal Fees
Construction Legal Fees
Real Estate Attorney
Permanent Loan Legal Fees
Title and Recording Fees
Partnership Organization Fees
Tax Credit Legal Opinion

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Equity Costs – Tax Credit Allocation Fee is calculated as 7% of the annual allocation amount. The 4% Tax Credit IRS Form 8609 Fee, for tax-exempt bond financed projects, is calculated as 5% of the annual allocation amount. Tax Credit Compliance Monitoring Fee is calculated at \$600 per unit (\$150 per unit for USDA-funded projects). For tax-exempt bond financed projects, the fee is still \$600 per unit (\$150 for URFA-funded projects). Do NOT leave formulas or references to other cells as the amount – an actual numerical value must be entered before submitting the electronic application.

Developer's Fee—include total of all consultant fees (regardless of whether the consultant is serving as a developer, construction manager, development administrator, etc.), developer's overhead, short term/rent-up reserves (held for less than the life of the loan), and developer's profit. **Do NOT leave formulas or references to other cells as the amount – an actual numerical value must be entered before submitting the electronic application.** Maximum Developer Fees are calculated automatically in the chart provided. **If you are applying for both acquisition and rehab credits, please refer to the Maximum Developer Fee section of the 2004 QAP.** Please also see the "Developer's Fee Limitations" policy and the "Developer Overhead and Consultant Fees" policy in the 2004 Plan.

Startup and Reserves--Please see the "Working Capital and Rent-up Reserves" policy in the 2004 Plan. **Operating Deficit Reserve**—must, at a minimum, equal 6 months' debt service for all secured debt on the project plus 6 months projected operating expenses. This amount may be greater, depending upon the requirements of other lenders or investors. However, DCA reserves the right to call any amount above the minimum into question to determine its reasonableness for the project. **This requirement applies to HOME-funded projects only.** Please also see the "Operating Deficit Reserve" policy in the 2004 Plan.

Other Costs—must be described in the space(s) provided. Do not use vague, general terms that may include several unrelated items – be specific. Provide further detail in the electronic Comments and Clarifications tab.

Soft Cost Contingencies—or "project contingencies" above and beyond construction contingency and developer fees are not allowed and will not be considered by DCA to be a legitimate project cost. Please also see the "Soft Cost Contingency" policy in the 2004 Plan.

II. COMPUTATION AND CERTIFICATION OF BASIS EXPENDITURE

For the Computation and Certification Basis Expenditure section:

- Applicants with projects involving **one contiguous site** must use the section in the main application.
- Applicants with projects involving up to **six non-contiguous parcels within a 1/2-mile radius** must use the section in the main application.
- Applicants with projects involving up to **three multifamily non-contiguous properties within a 50-mile radius** must use the section in the main application for Site A as well as the applicable site-specific sections in the scattered site extended application.

Subtractions from Basis—Complete the table, identifying those items that would be deducted from the project's eligible basis.

Eligible Basis Calculation—Complete the table, indicating whether the eligible basis would be adjusted by 30% if the project is in a qualified census tract or difficult development area and the project financing does not included a federally-funded loan with an interest rate below the Applicable Federal Rate.

The applicable fraction will be automatically calculated (the lesser of the percentage of low-income units or low-income square footage).

Calculate the maximum allowable credit based upon the total qualified basis (this function is performed automatically if the electronic application is used). For initial purposes, use 4% or 9% for calculating the credit amount; however, be advised that **true** applicable credit percentages are announced monthly by the U.S. Department of the Treasury and could fall substantially below 4% or 9%.

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III. LOW INCOME HOUSING TAX CREDIT CALCULATION

For the LIHTC Calculation section:

- Applicants with projects involving **one contiguous site** must use the section in the main application.
- Applicants with projects involving up to **six non-contiguous parcels within a 1/2-mile radius** must use section in the main application.
- Applicants with projects involving up to **three multifamily non-contiguous properties within a 50-mile radius** must use the section in the main application as well as the applicable site-specific sections in the scattered site extended application.

Equity Gap Calculation— This section will be automatically calculated, except for the **federal** and **state** equity factors, which you must enter in order to compute the total equity factor. **The equity factor used will be the price per federal and state tax credit dollar for which the project would be syndicated.**

Credit Amount—The credit amount determined by the eligible basis calculation establishes the **maximum** credit amount. However, DCA cannot and will not allocate more credit to a project than is necessary for financial feasibility; therefore, if the credit amount resulting from the equity gap calculation is **less than** the credit amount resulting from the eligible basis calculation, then the credit calculation (**Maximum Credit Needed**) will be the **lesser** amount. However, the amount of tax credit allocation cannot exceed the **Actual Annual Credit Requested** amount, which can be less than the **Maximum Credit Needed**.

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IV. UTILITY ALLOWANCE INFORMATION

For the Utility Allowance Information section:

- Applicants with projects involving **one contiguous site** must use the section in the main (one-site project) application.
- Applicants with projects involving up to **six non-contiguous parcels within a 1/2-mile radius** must use the section in the main application for Site A as well as the applicable site-specific sections in the scattered site extended application.
- Applicants with projects involving up to **three multifamily non-contiguous properties within a 50-mile radius** must use the section in the main application for Site A as well as the applicable site-specific sections in the scattered site extended application.

Source of Utility Allowances Used—Indicate the primary source of the utility allowances that you will use for this project, the date the allowances were published, and insert the source documentation in the application binder in **TAB 2**. **Note: Utility Allowances from the local utility companies or consultants will be NOT accepted.** Please also see the "Utility Allowance" policy in the 2004 Plan. If the entity administering the Section 8 program in the project's local jurisdiction does not have utility allowances for water, sewer, or trash removal, then the applicable DCA utility allowances for water, sewer, or trash removal for the respective Utility Region should be used.

Note that no changes will be allowed after application submission in the fuel types, utility providers, or payers of the utility bills.

Provide the **Name of the Source of the Utility Allowances** used in the Application, if not DCA-Central Office. Note: If you obtained Utility Allowances from a DCA Regional Office, please indicate which one. Utility providers will not be considered as eligible sources of utility allowances.

If a unit receives USDA-Rural Development (USDA-RD) assistance before applying to DCA, that unit must use the applicable USDA-RD utility allowances. If a unit is financed in whole or in part with HOME funds or Low Income Housing Tax Credit proceeds, that unit must use the applicable utility allowances published by the state or local agency that administers the Section 8 program in that jurisdiction. If there is a local public housing authority administering the Section 8 program in your area, contact that authority for water, sewer and refuse collection allowances, and attach the PHA-approved utility allowance schedule used for all allowances. If a project contains multiple unit types (i.e., both multifamily and single family detached units if using DCA allowances) such that multiple utility allowance structures may apply, the applicant must use the multifamily allowances for the multifamily units and the single family allowances for the single family detached units in completing this application. The applicant should also provide a corresponding notification in the Comments and Clarifications area. **If any specific allowances are not available from either USDA-RD or the local PHA, use the breakdowns for those missing tenant-paid utilities (which may include heating, cooking, hot water, water/sewer, refuse collection, etc.) provided in the 2004 Application Manual or on the DCA web site instead.**

Date Published - Provide the **Date** the Utility Allowances were **Published** by the referenced Source.

Utility Allowance Per Unit Information—Thirteen separate Utility Configuration Charts are provided to capture different utility configurations. In the tables provided, indicate which utilities the owner would pay and which the tenant would pay. For the tenant-paid utilities, indicate the allowance amounts from the source documentation mentioned above. Use the allowances appropriate to the structure type – i.e., multifamily (2+ units), single family detached or manufactured housing – and to the DCA Utility Region – north, middle or south (please refer to the map provided in the Application Manual). The total utility allowance per bedroom size calculates automatically.

Identically Equipped Units – indicate whether the project's units are equipped with each appliance "Use" category (heating, cooking, etc.) using the same "Fuel" (natural gas, electric, etc.) in all unit types (e.g., all units have gas heat, electric cooking, and electric water heating). If "No", then provide detail of different Utility Allowance breakdowns for other units using the 13 Utility Allowance Configuration Charts provided on the Application Form. If more than 13 configurations will be used, add a separate page detailing the same information requested in the UAC Charts, and include it in the application binder in **TAB 2**. Use the same formats as the Use-Fuel Chart and the Rent Chart. Note this situation in the Applicant Comments electronic tab.

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Utility Allowance Configuration Charts

NOTE: If the project has only one utility allowance configuration (in other words, all units are "Identically Equipped"), only one Structure Type, and is in only one DCA Utility Region, then the applicant only needs to complete Utility Allowance Configuration Chart Number 1 (UAC Chart Nbr 1). All other cases will require the completion of more than one chart.

Structure Type— Indicate the appropriate category to describe the units for which the chart will be used: multifamily (MF), single-family detached (SF), or manufactured housing (MH).

Utility Region— Indicate the appropriate region in which the units are located which will be using this chart: North, Middle or South. Refer to the DCA Utility Region map provided in the Application Manual.

Utility Allowances:

For each of the seven utility categories shown, answer the following questions in the spaces provided:

1. Indicate energy efficiency rating of the equipment to be used in project for Categories 1, 2, and 4. For example, provide the SEER rating for electrical items and the AFUE rating for gas items.
2. Indicate whether the utility is to be paid by the Tenant or the Owner. Do not leave empty nor use spaces.
3. If the project does not involve project-based rental assistance (PBRA), enter "N/A". For projects including PBRA, if the project's owner is paying for utilities during the term of the PBRA, but not after the PBRA expires, enter "N" for no - otherwise "Y" for yes.
4. For the tenant-paid utilities, indicate the allowance amounts from the source documentation mentioned above. Calculate the total utility allowance per bedroom size. **Note: If there is a local public housing authority administering the Section 8 program in your area, contact that authority for water, sewer, and refuse collection allowances also.** If the entity administering the Section 8 program in the project's local jurisdiction does not have utility allowances for water, sewer, or trash removal, then the DCA utility allowances should be used.

V. UNIT DISTRIBUTION AND YEAR 1 RENT SCHEDULE

For the Year 1 Rent Schedule section:

- Applicants with projects involving **one contiguous site** must use the Unit Distribution and Year 1 Rent Schedule section in the main application form.
- Applicants with projects involving up to **six non-contiguous parcels within a 1/2-mile radius** must use the Unit Distribution and Year 1 Rent Schedule section in the main application.
- Applicants with projects involving up to **three multifamily non-contiguous properties within a 50-mile radius** must use the Unit Distribution and Year 1 Rent Schedule section in the main application for Site A as well as the applicable site-specific sections in the scattered site extended application.

Four rent charts are provided for each of up to three sites – one chart each for:

Low Income Units with No PBRA (PBRA = Project Based Rental Assistance),
Low Income Units with PBRA,
Non-LIHTC Low Income Units with PBRA (will be considered for PBRA points, but not for Mixed Income points)
Market Rate units.

Applicants **MUST** use the PBRA chart(s) only for PBRA units and the Market Rate charts only for the Market Rate units. Applicants **MUST NOT** use the "Low-Income Units with No PBRA" charts at the top of the pages for either Market Rate or PBRA units. For LIHTC/PHA units receiving operating subsidy, the Proposed Unit Rent and the Rent to be Collected shall be reflected as zero. The Utility Allowance will automatically be reflected as zero for these units. The operating subsidy will be entered in the Non-Occupancy Based income part of the Other Income Sources section.

All applicants must show the proposed Unit Mix by answering all of the row questions in each column used. Please indicate the:

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Low Income Units with No PBRA

This section should include all low-income units including those that are public housing units with operating subsidy.

For LIHTC/PHA units receiving operating subsidy, the Proposed Unit Rent and the Rent to be Collected shall be reflected as zero (the Utility Allowance will automatically be reflected as zero for units). The operating subsidy will be entered in the Non-Occupancy Based income part of the Other Income Sources section.

Structure Type is a drop-down box. Indicate the appropriate structure type of the units in the column from the choices provided: multifamily (MF), single-family detached (SF), or manufactured housing (MH).

Unit Rent & Income Type is a drop-down box. Select the appropriate Unit Rent Type under the LIHTC program from the choices provided: 60% (of AMI), 50% (of AMI), 30% (of AMI), or NRU (Nonresidential Unit). Please also see the "Unit Distribution with Multiple DCA Funding Resources" policy in the 2004 Plan.

For example:

<u>For a Unit Rent Type of:</u>	<u>Select:</u>
60% of AMI	60
50% of AMI	50
30% of AMI	30
Nonresidential Unit	NRU (Note: do not enter a Gross Rent)

PHA Units is a drop-down box. Please indicate whether the units are PHA units by choosing Yes or No.

Employee Unit is a drop-down box. Please indicate whether units are Employee units by choosing Yes or No.

Common Space is a drop-down box. Please indicate whether the units are counted as Common Space for tax credit purposes by choosing Yes or No.

Number of Bedrooms is a drop-down box. Please indicate the number of bedrooms by choosing from the options provided (1,2,..., or 6) in the units in the column.

Number of Units – indicate the number of units in this category.

Unit Square Footage – indicate the per-unit square footage of the units in the column.

Number of Bathrooms – indicate the number of bathrooms in the units described in the column.

Program Maximum Unit Rent – enter the program maximum unit rent that can be charged for the units as governed by LIH Tax Credit or HOME guidelines. Use the applicable Program Maximum Gross Rent Tables (released by DCA).

Proposed Unit Rent – enter the proposed rent to be charged (includes utility allowance). This rent cannot exceed the Program Maximum Unit Rent.

UAC Chart Number - indicate the Utility Allowance Configuration (UAC) Chart number (1, 2, 3,... or 13) applicable to the units in the column, and then the utility allowance and Unit Rent To Be Collected will be calculated,

Unit Rent to be Collected - Proposed Unit Rent minus utility allowance (i.e., what the tenant will pay). However, for LIHTC/PHA units receiving operating subsidy, the Proposed Unit Rent and the Rent to be Collected shall be reflected as zero. The operating subsidy will be entered in the Non-Occupancy Based income part of the Other Income Sources section.

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A hypothetical sample Rent Chart page is provided below:

Low Income Units with No PBRA (PBRA = Project Based Rental Assistance)

Structure Type	MF	MF	MF	MF	MF	MF	MF	MF	SF	SF	SF	SF
Unit Rent & Income Type	NRU	60	60	60	50	50	30	30	60	50	50	30
PHA Units (Y/N)	No	No	No	No	No	No	No	No	No	No	No	No
Employee Unit*	No	Yes	No	No	No	No	No	No	No	No	No	No
Common Space	Yes	No	No	No	No	No	No	No	No	No	No	No
Nbr of Bedrooms	2	2	2	3	2	3	2	3	2	3	2	3
Nbr of Units	1	1	19	20	20	20	20	20	20	20	20	20
Unit Sq. Footage	1,000	1,000	1,000	1,100	1,000	1,100	1,000	1,100	1,000	1,100	1,000	1,100
Nbr of Bathrooms	2	2	2	2	2	2	2	2	2	2	2	2
Program Max Unit Rent**		450	450	500	425	475	300	400	500	600	275	325
Proposed Unit Rent**		425	425	475	425	475	275	375	475	575	250	300
UAC Chart Nbr		1	1	1	1	1	1	1	2	2	2	2
Utility Allowance**		90	90	110	90	110	90	110	90	110	90	110
Unit Rent to Collect		335	335	365	335	365	185	265	385	465	160	190

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Low Income Units with PBRA

Same instructions as Low Income Units with No PBRA, except for the following:

PBRA Type is a drop-down box. For Low Income Units with PBRA, indicate the appropriate source type of the PBRA from the choices provided: governmental or non-governmental.

No **PHA Unit** row.

Proposed Unit Rent – enter the proposed rent to be charged (includes utility allowance). This is the rent that the Owner is proposing to collect for the unit before deduction of any tenant paid utility allowance. It includes rent received from the Tenant and from the PBRA provider. Applicants must complete the PBRA Information section of “VI. Other Income Sources” in order for the proforma to recognize the rental income from PBRA units.

For governmental PBRA, the proposed rent may exceed the maximum allowable tax credit program rent for a tax credit unit under the following conditions:

-At initial tenant certification for LIHTC, the tenant contribution may not exceed the maximum allowable tax credit rent.

-At initial tenant certification for LIHTC, the entire amount received in excess of the tax credit rent must be from the federal assistance and cannot be paid by the tenant.

For non-governmental PBRA, the proposed rent cannot exceed the maximum program rent.

Unit Rent to be Collected – Proposed Unit Rent minus utility allowance (i.e., what the tenant will pay).

Then enter the **Proposed Unit Rent** that would be charged on the units if you did *not* have the PBRA (this level must be in line with the rent-restrictions under the program(s) for which you are applying; it must also be supported by the local market).

The Unit-Rents-to-Collect-without-PBRA will be trended according to DCA standards and used in DCA pro forma projections beginning in the year after the PBRA expires. DCA will assume that the utility allowances subtracted from the Proposed-Rents-without-PBRA to achieve the Unit-Rents-to-Collect-without-PBRA will be the same as those for the other affordable units in the project.

A hypothetical sample Rent Chart page is provided below:

Low Income Units with PBRA

PBRA Type	Govt	Govt	Govt	Govt	Govt	Govt	Govt	Govt	Govt	Govt	Govt	Govt
Structure Type	MF	MF	MF	MF	MF	MF	MF	MF	MF	MF	MF	MF
Unit Rent & Income Type	NRU	60	60	60	60	60	60	60	60	60	50	30
Employee Unit*	No	Yes	No	No	No	No	No	No	No	No	No	No
Nbr of Bedrooms	2	2	2	3	2	3	2	3	2	3	2	3
Nbr of Units	1	1	19	20	20	20	20	20	20	20	20	20
Unit Sq. Footage	1,000	1,000	1,000	1,100	1,000	1,100	1,000	1,100	1,000	1,100	1,000	1,100
Nbr of Bathrooms	2	2	2	2	2	2	2	2	2	2	2	2
Program Max Unit Rent**		450	450	500	425	475	300	400	500	600	275	325
Proposed Unit Rent**		425	425	475	425	475	275	375	475	575	250	300
UAC Chart Nbr		1	1	1	1	1	1	1	1	1	1	1
Utility Allowance**		90	90	110	90	110	90	110	110	90	90	110
Unit Rent to Collect		335	335	365	335	365	185	265	365	485	160	190

For PBRA projects only - indicate what proposed unit rents would be without PBRA for units in chart above:

Proposed Unit Rent**		450	450	450	500	425	475	300	400	500	600	275
Unit Rent to Collect		385	385	415	385	415	235	315	415	535	210	240

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Non-LIHTC Low Income Units with PBRA

Same as the instructions for Low Income Units with PBRA, except for the following:

Unit Rent & Income Type

For a Unit Rent Type of:
 Non-LIHTC Low Income Units with PBRA

Select:
 (>60 is pre-selected)

Program Maximum Unit Rent – not used for this chart.

A hypothetical sample Rent Chart page is provided below:

Non-LIHTC Low Income Units with PBRA

Structure Type	MF	MF	MF	MF	MF	MF	MF	MF	MF	MF	MF	MF
Unit Rent & Income Type	>60	>60	>60	>60	>60	>60	>60	>60	>60	>60	>60	>60
Employee Unit*	Yes	No	No	No	No	No	No	No	No	No	No	No
Nbr of Bedrooms	2	2	2	3	2	3	2	3	2	3	2	3
Nbr of Units	1	19	19	20	20	20	20	20	20	20	20	20
Unit Sq. Footage	1,000	1,000	1,000	1,100	1,000	1,100	1,000	1,100	1,000	1,100	1,000	1,100
Nbr of Bathrooms	2	2	3	2	2	2	2	2	2	2	2	2
Proposed Unit Rent**	425	425	445	475	425	475	275	375	475	575	250	300
UAC Chart Nbr	1	1	1	1	1	1	1	1	2	2	2	2
Utility Allowance**	90	90	90	110	90	110	90	110	90	110	90	110
Unit Rent to Collect	335	335	335	365	335	365	185	265	475	575	160	190

For PBRA projects only - indicate what proposed unit rents would be without PBRA for units in chart above:

Proposed Unit Rent**		450	470	500	425	475	300	400	500	600	275	300
Unit Rent to Collect		385	385	415	385	415	235	315	415	535	210	240

Market Rate Units

Same as the instructions for Low Income Units with No PBRA as applicable except for the following

Unit Rent & Income Type

For a Unit Rent Type of:
 Market Rate

Select:
 (MKT is pre-selected)

UAC Chart Number - not used for this chart.

Unit Rent to be Collected – rent to be collected from tenant.

A hypothetical sample Rent Chart page is provided below:

Market Rate Units

Structure Type	MF	MF	MF	MF	MF	MF	MF	MF	MF	MF	MF	MF
Unit Rent & Income Type	MKT	MKT	MKT	MKT	MKT	MKT	MKT	MKT	MKT	MKT	MKT	MKT
Employee Unit*	No	Yes	No	No	No	No	No	No	No	No	No	No
Nbr of Bedrooms	2	2	2	3	2	3	2	3	2	3	2	3
Nbr of Units	1	1	19	20	20	20	20	20	20	20	20	20
Unit Sq. Footage	1,000	1,000	1,000	1,100	1,000	1,100	1,000	1,100	1,000	1,100	1,000	1,100
Nbr of Bathrooms	2	2	2	2	2	2	2	2	2	2	2	2
Unit Rent to Collect		335	335	365	335	365	185	265	475	575	160	190

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Summary by Unit Rent Type

For the Summary by Unit Rent Type section:

- Applicants with projects involving **one contiguous site** must use the portion in pages 1-18.
- Applicants with projects involving up to **six non-contiguous parcels within a 1/2-mile radius** must use the section in pages 1-18 for Site A and the applicable site-specific portions in the scattered site section.
- Applicants with projects involving up to **three multifamily non-contiguous properties within a 50-mile radius** must use the section in pages 1-18 for Site A and the applicable site-specific portions in the scattered site section.

Unit Type Summaries by Unit Rent Type—enter the totals indicated below for each Unit Rent Type in the spaces provided.

Total Number of Units by Unit Type
Total Square Feet of Units by Unit Type

Overall Summary by Unit Types – Enter the number of Nonresidential Units not previously accounted for in the Unit Type Summaries by Unit Rent Type section above. Total Number of Units by Unit Type will be automatically calculated, as will Percentage of Total Units by Unit Type.

If a DCA HOME loan requested, the required **Low HOME Rent unit distribution** is automatically calculated using the per unit calculation. Please also see the “Rent Distribution Across Unit Sizes” policy in the 2004 Plan.

VI. OTHER INCOME SOURCES

For the Other Income Sources section:

- Applicants with projects involving **one contiguous site** must use the portion in pp. 1-18.
- Applicants with projects involving up to **six non-contiguous parcels within a 1/2-mile radius** must use the portion in pp. 1-18.
- Applicants with projects involving up to **three multifamily non-contiguous properties within a 50-mile radius** must use the site-specific portions.

Total Annual Potential Gross Rental Income (Year 1)— If you are using the electronic version of the form, this will be calculated for you. It is broken out per site according to LI Units With No PBRA, Market Rate units, and PBRA units. This is the total of *all units*.

Project-Based Rental Assistance - In the space provided, enter the source of the project-based rental assistance, the operation (**not calendar**) year in which the rental assistance begins, and the term of the rental assistance in years. Submit documentation of the rental assistance in the application binder in **TAB 21**. Applicants must complete this section in order for the proforma to recognize the rental income from PBRA units.

Total Annual Other Income Sources NOT Included in the Chart Above (Describe)—In the tables provided, enter the requested information.

Occupancy-based— refers to regular payments to be trended in the pro forma at the revenue rate. In the table provided, enter the requested information description of the source, initial dollar amount, beginning operation (not calendar) year, and term in years. “Occupancy-based” income may involve project-based rental assistance not included in the rent tables, laundry and vending machines, nonrefundable deposits and fees, etc. Enter the description of the source, the initial annual amount, the operating year (e.g., 1, 2, 3, etc. – NOT CALENDAR YEAR) in which the payments begin, and the number of years the payments will be applied.

The initial projected amount of “other income (occupancy based)” will be underwritten by DCA at 2% of initial projected Potential Gross Income. Projected “other income (occupancy based)” in the application must comply with the aforementioned requirement (2% of initial projected potential gross income). Projects that do not comply with the requirement will be adjusted by the amount necessary to bring the project into compliance.

Non-occupancy-based—operating subsidies, tax abatements, etc. “Non-occupancy-based” refers to irregular payments that will not be trended in the pro forma. Enter the annual payment in the table for the first thirty years. All annual payment schedules must be substantiated with original documentation detailing the source, amounts, and duration inserted in the application binder in **TAB 25**, if provided by a local government.

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Total Annual Potential Gross Rental and Other Income (Year 1)—the electronic version of the form will calculate this automatically.

VII. ANNUAL OPERATING EXPENSE BUDGET

For the Annual Operating Expense Budget section:

- Applicants with projects involving **one contiguous site** must use the section in pages 1-18.
- Applicants with projects involving up to **six non-contiguous parcels within a 1/2-mile radius** must use the section in pages 1-18 for the whole project's expenses.
- Applicants with projects involving up to **three multifamily non-contiguous properties within a 50-mile radius** must use the section in pages 1-18 for Site A's expenses as well as the applicable site-specific portions of the scattered site part of the application for the remaining sites.

Enter the on-site staff costs, on-site office costs, professional services, maintenance expenses, utilities, taxes and insurance, on-site security costs and management fee in the applicable categories. Total the operating expenses, replacement reserve contributions, and the grand total annual expenses.

Other (detail)—must be described in the space(s) provided. Do not use vague, general terms that may include several unrelated items – be specific. If unable to accomplish this in the space provided, please enter “See Comments” in the space and provide further detail in the electronic “Comments and Clarifications” Tab VIII

Management Fee – applicants must indicate the trending method to be used for management fee in the proforma operating forecast by using the choice boxes provided at the bottom of the page. Applicant must choose ONLY one option: Set Percentage of Effective Gross Income (also indicate percentage to be used), or Trend As Regular Operating Expense. Do not make ANY entry in the box not chosen – leave it empty.

Note: The annual operating expense budget, net of replacement reserve contributions, must be no less than \$3000 per unit for urban areas (projects located in metropolitan statistical areas), \$2,600 for rural areas (projects located outside of metropolitan statistical areas), or \$2400 for rural projects using USDA funds. DCA reserves the right to scrutinize the operating budgets in accordance with market analyses, appraisals, and information on existing DCA projects similar in size, scope, and location. See also the “Annual Operating Expenses” policy in the 2004 Plan.

The annual **replacement reserve contribution** must be no less than \$300 per unit for projects involving rehabilitation, \$200 per unit for new construction projects, or \$400 per unit for single-family units. DCA will use the reserve levels in the HOME policy for tax credit underwriting purposes unless a greater amount is specified. For the purposes of final tax credit underwriting, documentation of the reserve will be reviewed by DCA. See also the “Replacement Reserve” policy in the 2004 Plan. Indicate in the space provided the proposed annual replacement reserve contribution per unit.

VIII. CONSTRUCTION FINANCING SOURCES

For the Construction Financing Sources section:

- Applicants with projects involving **one contiguous site** must use the Site A portion.
- Applicants with projects involving up to **six non-contiguous parcels within a 1/2-mile radius** must use the Site A portion.
- Applicants with projects involving up to **three multifamily non-contiguous properties within a 50-mile radius** must use the site-specific portions.

For each construction-financing source, enter the entity providing the financing (Financing Administrator), the principal amount, annual interest rate, and term in months. Categorize each source under private loans, Section 42 Credits (equity investment pay-ins during construction), Historic Rehabilitation tax credits paid-in during construction, and acquisition and construction grants. All amounts and terms displayed must be identical to those on supporting documentation. Please also see the “Construction Hard Cost Financing” policy and the “Construction Loan Recourse” policy in the 2004 Plan.

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IX. PERMANENT FINANCING SOURCES

For the Permanent Financing Sources section:

- Applicants with projects involving **one contiguous site** must use the section in pages 1-18.
- Applicants with projects involving up to **six non-contiguous parcels within a 1/2-mile radius** must use the section in pages 1-18.
- Applicants with projects involving up to **three multifamily non-contiguous properties within a 50-mile radius** must use the section in pages 1-18 for Site A as well as the applicable site-specific portions in the scattered site extended application.

Categorize each source under private loans, DCA loan, local loans and non-DCA government financing, AHP Loan, deferred developer's fee/note, Section 42 Credit proceeds (equity investment raised by syndication of the tax credits), State Tax Credit proceeds, Historic Rehabilitation tax credit proceeds, owner's (general partner's) cash, grants for construction costs, grants for acquisition. Please also see the "Non-Amortizing Loans – Excess Cash Flow" policy, the "Non-Amortizing Loans – Future Market Value" policy and the "Tri-Party Agreements" policy in the 2004 Plan.

Arrange loans in order of lien position. Entries are required in all columns for any given debt source. All amounts and terms displayed must be identical to those on supporting documentation. For each debt financing source, **all applicants are required to enter the:**

Lien Position – adjust the sample numbers given to accurately reflect the proposed lien seniority.

Financing Type – select from the drop-down list provided for loan types:

Private 1st Loan
Private 2nd Loan
AHP Loan
Other HOME
Other Loan

Enter deferred developer fee information where indicated. Equity types are fixed as shown.

Any financing being repaid at the applicable federal rate **must include *detailed* documentation** (in the application binder in **TAB 12**) that shows:

- the repayment schedule of the loan, with
- a **legal opinion** stating that the project can repay the loan at the applicable federal rate in accordance with Section 42 of the Internal Revenue Code, and that such repayment would not make the project ineligible for the 9% credit (or 130% adjustment in basis, if in a qualified census tract).

Deferred developer fees will be considered a source of debt financing, but will not be considered in the Gap Method of the credit calculation. Include the first year's payment in the debt service column. A developer can either document a deferred developer fee by signing a deferred developer fee note or incorporating the deferred developer fee into the Limited Partnership Agreement along with a schedule that details the terms and conditions of repayment. DCA will accept either approach as long as the terms of the deferred fee meet the requirements set forth in the Plan. DCA will not dictate the interest rate charged on the deferred developer fee note.

Section 42 credit refers to the limited partner's capital investment in the project (i.e., the "tax credit proceeds"). Owner's cash refers to any capital investment any general partner is making into the project. As described above, in the "equity gap" calculation for tax credits DCA will consider the investment of the limited partner and the general partner(s). This will be verified by the limited partnership/syndication agreement, and any differences between the amounts shown here and the final amounts may impact the tax credit amount allocated to the project.

Financing Administrator - e.g. lender name, PHA name, local jurisdiction name, etc. – also include administrator's funding program used, if applicable. Be descriptively specific – do not be overly concerned about cell width limiting your entry. Please see the "Intercreditor Agreements" policy, the "Land Use Restrictions" policy and the "Subordination" policy in the 2004 Plan.

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Debt Service Type -- this is simply a code to describe the calculation and behavior of the debt service for the given debt financing. The applicant **MUST** enter either "L" for level or deferred level payment stream (whether self-amortizing or not) or "C" for variable cash-flow debt service. Loans with deferred payment debt streams must also complete the section entitled "Additional Loan Information for Deferred Debt Service Loans".

Target Debt Coverage Ratio -- applicant **MUST** enter **only** if Debt Service Type is "C" for cash-flow note. Target DCR entered should be for the funding source. **The minimum blended DCR for all Secured Debt is 1.15.** No financing source's Targeted DCR should be higher than a source with a higher lien position.

Principal Loan Amount, Interest Rate, Term in years, Amortization Period in years -- required for ALL loans with Debt Service Type "L", whether self-amortizing or not, **including developer notes and deferred developer fees (do not leave DDF interest rate cell blank - treat as an unsecured 0% interest loan if necessary.** DCA HOME loans must have an interest rate at or above one percent (1%). Please note that if your DCA HOME loan interest rate is at or above the AFR, the DCA policy regarding the 40/50 election will still apply. Loans with deferred payment debt streams must also complete the section "Additional Loan Information for Deferred Debt Service Loans").

Proposed First Year Debt Service, and

Balloon Payment Amount - if a balloon payment will be due at maturity, the outstanding balance is due at that time.

Insert all government financing, equity investment, and financing commitment letters and documentation in the application binder where indicated by the Application Tabs Checklist.

If any portion of the financing sources for the project is being financed *directly* or *indirectly* with federal, state, or local government funds, ensure that the documentation explains it fully. If it is not clearly explained on the preliminary financing commitment(s), insert additional page(s) explaining the governmental involvement in the financing in the application binder in both the Preliminary Financing Commitments **TAB 12** and the Government Financial Assistance **TAB 25**.

Surplus/Shortage of Permanent Funds to Development Costs -- include in the application binder in **TAB** .an explanation of the surplus or shortage.

Proposed Debt Service Behavior Information -- Enter the Financing Administrator, the Operation Year (i.e., 1,2,3...) in which any payments begin, the Operation Year (i.e., 1,2,3...) in which any interest-only payments begin (if applicable), and the Number of Years the payments will be made.

Noncredit Sources of Funds refers to those permanent financing sources going toward the funding of the total development costs, net of LIHTC-generated capital contributions.

Signatures -- This page contains signature lines for the Owner to use. Please provide all information requested. This section must be completed by hand after the form is printed out.

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X. PROJECT CASH FLOW PRO FORMA

For the Project Cash Flow Proforma section:

- Applicants with projects involving **one contiguous site** must use the section in pages 1-18.
- Applicants with projects involving up to **six non-contiguous parcels within a 1/2-mile radius** must use the section in pages 1-18.
- Applicants with projects involving up to **three multifamily non-contiguous properties within a 50-mile radius** must use the section in pages 1-18 as well as the applicable site-specific portions in the scattered site extended application.

Complete the entire pro forma forecast for the 30 years shown on the form. Note: Most of the first proforma will be automatically generated. If this form as structured does not account for some aspect of your proposed project, you may attach a separate pro forma detailing the missing characteristics. Please also see the "Revenue, Vacancy, and Expense Trends" policy in the 2004 Plan.

Project-Based Rental Assisted Rents—Applicants must complete the PBRA Information section of "VI. Other Income Sources" in order for the proforma to recognize the rental income from PBRA units.

Vacancy/Collection Loss—The assumption for vacancy and collection loss will be 7%.

Revenue Growth—The assumption for revenue growth for project-based rents, project-based rental assisted rents, and occupancy-based income will be 2% per year. **Non-Occupancy-Based Income** will not be trended over the term.

Expense Growth—The assumption for expense growth for operating costs net of management fee, replacement reserves and annual operating reserve contributions will be 3% per year.

Management Fee – The calculation method chosen by the Applicant in the Operating Budget will be used to determine the annual amount of the Management Fee deducted from Effective Gross Income.

Replacement Reserves— The assumption for growth for annual replacement reserve contribution will be 3% per year.

Net Operating Income—**must be positive** during the entire credit compliance period or term of the HOME loan.

Debt Service—Enter the debt service amount (enter each amount as a **negative** integer for proper calculation of the pro forma) for each loan for each year, in accordance with the terms of the loan. If you are applying for a DCA HOME loan, type in "DCA HOME Loan" exactly as shown in the financing summary (exact case, no additional spaces, etc.) in the Lender Name category.

Before-Tax Cash Flow—**must be positive** during the entire credit compliance period or term of the HOME loan.

Debt Service Coverage Ratio (DCR)-The Debt Service Coverage Ratio, or "All Secured Debt DCR" as expressed in the Application, must be **no less than 1.15** during the entire credit Compliance Period, HOME loan term, or the Period of Affordability, whichever is longer. **This does not include the payment of any deferred developer's fee.** This Debt Service Coverage Ratio, or "All Secured Debt Secured DCR", also must be no greater than 1.35 in the first year of stabilized operations. Please also see the "Debt Coverage Ratio" policy in the 2004 Plan. The "Blended DCR", also provided in the Application for informational purposes only, includes the payment of the deferred developer's fee to indicate the effect of this debt on cash flows.

Balance of DCA HOME Loan—If you are applying for a DCA HOME loan, and the loan is **non-amortizing**, enter the outstanding balance of the DCA HOME loan in the spaces provided. **The outstanding balance may not exceed the principal loan amount during any year of the HOME loan term.**

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APPLICANT CERTIFICATION AND AUTHORIZATION

This is now the only part of the electronic application workbook in which applicant can enter data in certain spaces that are not shaded green. Signature and Date spaces are still protected. Print this form and sign and date where indicated. Notarize signatures.

PROJECT SCORING AND SELECTION CRITERIA SELF-SCORE

Self-Scoring Requirements: Upon putting together the complete application package, the applicant must complete the Applicant Self-Score Form, using the 2004 Qualified Allocation Plan and any "Questions and Answers" released by DCA as a guide. Be very careful in considering whether the application scores points in a particular category. Complete the entire self-score form according to the applicant's opinion of point score for each selection criterion. For each criterion, also indicate the tab in the Application Binder behind which any supporting documentation justifying the score will be found, using the column provided to the right of the self-score column. This same tab location(s) must be referenced in the required scoring narrative. The information submitted should be absolutely clear in its application to pertinent scoring criteria. The Applicant Self-Score Form will be instrumental to DCA in determining whether an applicant has attempted to score points in any particular scoring criterion. Please note that there is a separate Compliance Self-Score Form designed to assist the applicant in scoring for the "Compliance Status" criteria. Instructions for this Compliance Self-Score Form follow in the next section. Note the submission requirements in the "Execution and Delivery" section relating to this document.

Scoring Review*. Complete Applications that meet the Threshold requirements described in Appendix I will be allowed into the Competitive Scoring process as set forth in Appendix II. Scored Applications will be ranked in descending order by total point score. Applicants will be required to self-score their applications and fully explain their rationale in support of the scoring decision for each criterion. Applicants' self-scores must be done in strict accordance with the provisions of the Plan and the Application Manual. Any Application that does not include a completed self-scoring binder, prepared in accordance with the provisions of the Plan and the Application Manual, will be deemed incomplete. DCA will provide the preliminary results of the Competitive Scoring process to all Applicants before the final results are released. DCA will provide the preliminary scores by facsimile to the Applicant. Applicants will be given a forty-eight (48) hour comment period to provide comments to DCA regarding the preliminary Scoring Results. Applicants may not submit additional items for the purpose of curing scoring deficiencies, justifying their self-scores or increasing their scores. Comments must be limited to the Applicants' opinions regarding DCA's scoring determinations.

DCA shall review all comments that are received during the comment period. However, DCA is not obligated to give consideration to or revise its preliminary score based on comments received. Any decision DCA makes, and any action or inaction by DCA in administering, managing, and operating the review of the comments shall be final and conclusive and shall not be subject to any review, whether judicial, administrative or otherwise, and shall not be covered by, subject to, or required to comply with or satisfy any provisions of Chapter 13 of Title 50 of the Official Code of Georgia Annotated, the "Georgia Administrative Procedure Act."

Competitive Application Selection * Generally, the highest scoring Applications with favorable market studies will be allocated resources without regard to resource type requested or geographical location, except as noted below and elsewhere in the plan:

- DCA reserves the right to allocate resources to lower ranked proposals to achieve a better mix of resource usage or a better geographical distribution of resources.
- If funding Credit-only Applications will deplete available Credits, then, DCA may elect to fund lower scoring Applications that are requesting a combination of Credits and a HOME Loan.
- If sufficient HOME funds are not available to fund the next ranked Credit/HOME Application or HOME-only Application, DCA may elect to fund a lower scoring Credit and HOME or HOME only project for which the remaining funds are sufficient.
- If a geographic area of the state will receive an inequitable share of the available resources as determined by the Competitive Scoring process, DCA may choose to fund other proposals even though they have a lower relative ranking.

DCA's Administrative Discretion* DCA reserves the right to allocate resources to lower ranked proposals to achieve a better mix of resource usage or a better geographical distribution of resources as described above, or for any other reason judged by DCA to be meritorious. Such actions will be made at DCA's sole and absolute discretion. Any decision DCA makes, and any action or inaction by DCA in administering, managing, and

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operating the system, shall be final and conclusive and shall not be subject to any review, whether judicial, administrative or otherwise, and shall not be covered by, subject to, or required to comply with or satisfy any provisions of Chapter 13 of Title 50 of the Official Code of Georgia Annotated, the "Georgia Administrative Procedure Act."

TAB VI ORGANIZATIONAL CHART

DCA requires that the applicant complete the Organization Chart for the project team members and the land seller. For each entity, provide the organizations name and the name of each principal for the organization.

The information provided should directly correlate to the information provided in the Project Participation information Section of the application. If the principal(s) of the entity is not an individual (i.e. principal is a Corporation, LP or L.L.C.), the applicant must provide the names of each individual member/principal of the entity.

Use the smaller percentage boxes to indicate the actual percentage of ownership in the entity.

Applicants may use Tab VIII, Comments and Clarifications, to provide any additional information not adequately captured here.

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Instructions for Completing the Electronic 2004-100 Application Form

TAB V COMPLIANCE SUMMARY AND TAB VI COMPLIANCE SELF SCORE FORM

DO NOT ATTEMPT TO COPY THE WHOLE COMPLIANCE SUMMARY TAB OR THE WHOLE COMPLIANCE SELF-SCORE TAB FROM ONE PROJECT'S SPREADSHEET TO ANOTHER PROJECT'S SPREADSHEET AT ONCE. MASSIVE PROBLEMS RESULT BECAUSE EACH IS "TIED" TO ITS OWN EXCEL WORKBOOK. INDIVIDUAL GREEN CELLS OR SETS OF CONTIGUOUS GREEN CELLS MAY BE COPIED, AS LONG AS NO LOCKED (NON-GREEN) CELLS ARE COPIED WITH IT. IF YOU HAVE QUESTIONS, CONTACT JOY FITZGERALD IMMEDIATELY.

NOTE: If you require clarification of any of the Compliance Instructions detailed in the remainder of this document, please contact Joy Fitzgerald at DCA via email at: jfitzger@dca.state.ga.us

Carefully read the instructions before attempting to complete the Compliance Summary and the Compliance Self Score Form. Failure to complete the Compliance Summary and the Compliance Self-Score Form in strict accordance with these instructions may result in denial of participation in the 2004 funding round. Failure to disclose participation in a project, sources of funding at a project, or compliance violations may result in denial of participation in the 2004 Round. Make sure that all Compliance Summaries, Compliance Self Score Forms and required documentation are inserted in the proper order in the application binder in TAB .as appropriate (refer to the Application Checklist). The Compliance Summary form is located in the same Excel workbook document as the OAH 2004-100 Core Application Form, in a separate worksheet (40 copies are included). Applicants may make extra copies of the printed/paper version of Compliance Summary Form as needed to cover development team members. If compliance is not submitted on the DCA Compliance Summary form in the DCA-protected electronic 2004-100 Core Application it will not be reviewed.

PRE-APPLICATION COMPLIANCE SCORING -- A Participant who participated in the pre-application compliance round and received a Pre-Application Scoring Certificate should include a copy of that Certificate along with a copy of the Compliance Summary Form in the application binder in **TAB 29**. If the Certificate lists factors for more than one Project Participant please circle the appropriate Participant. No additional documentation will be needed. Another copy of the Pre-Application Scoring Certificate should be included with the Compliance Self-Score form in the Scoring binder.

I. Compliance Summary Exemptions

All projects the ownership entity (including all of its members) has been involved within the last 3 years (2000, 2001, 2002) must be reported in the Compliance Summary.

Compliance Summary Forms are required to be included in the Application Package for all members of the development team. For the purposes of the Compliance Summary, the Development Team is defined as the owner/general partner(s), developer, syndicator (limited partner), the CHDO development consultant, if any, and the property manager.

II. Compliance Summary

(page 72 of OAH 2004-100 Core Application, see form J-2 for reference)

The following numbered instructions correspond to the numbers on Compliance Summary Attachment in the electronic final application. Detailed instructions are provided for every part of the Compliance Summary. Do not attempt to complete the Compliance Summary Attachment without carefully reading these directions. Complete the electronic version of the form – do not print out a blank form and complete it manually. ***Failure to complete the Compliance Summary Attachment portion of this application, in strict accordance with these instructions, may result in denial of participation in the 2004 funding round.***

1. Entity Name For This Compliance Summary:

Separate Compliance Summary Attachments are required for each member of the Development Team. Enter the legal name of the Development Team member for which this Compliance Summary Attachment applies.

2. Entity Type:

Indicate the applicable classification by selecting from the options provided in the drop-down box. If the Entity is a partnership, a Compliance Summary Attachment for the partnership and for each partner must be submitted.

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3. Entity's Role in Proposed Project:

Indicate one or more proposed roles, as applicable, from the five options by entering an "X" in the corresponding box, or boxes. If the CHDO Development Consultant box is checked, a copy of an executed contract with the CHDO Development Consultant for the proposed project must be included as the last document attached to this Compliance Summary Attachment. Include a coversheet clearly labeled "CHDO Development Consultant Contract."

4. Exhibit #:

For each audit conducted within 3 years of the Application submission deadline ("3-year period" - 2000, 2001, 2002), enter an exhibit number referencing the attached documentation in this column. The first exhibit number for each Compliance Summary form must be numbered "F-1" followed by "F-2", F-3, etc. *However, if the same property was audited more than once by the same agency within the 5-year period, the exhibit number for the first audit of that project should be "F-1a" (or "F-2a", "F-3a", etc.), and the second audit of the same property by the same agency should be "F-1b" (or "F2b", "F3b", etc.)* Full details of each audit must be submitted (including copies of all IRS Form 8823s, FDIC findings, HOME findings, etc., and related correspondence) with the appropriate exhibit number noted in the upper right corner of each audit documentation package. Each audit documentation package (i.e. exhibit) should be bound together by stapling or other similarly effective means. All exhibits relating to this Compliance Summary must then be attached to the back of the Compliance Summary Attachment(s).

5. Development Name:

Indicate the Development Name, Address, City, State, and Tax Credit ID Number for each project that the Entity has participated in within the last 3 years (2000, 2001, 2002) involving Low Income Housing Tax Credits, HOME loans or grants, FDIC funding, USDA/Farmers Home Administration funding, Section 8 project-based funding, or similar funding involving moderate, low, or very low income housing. All projects the ownership entity (including all of its members) has been involved within the last 3 years (2000, 2001, 2002) must be reported in the Compliance Summary. Provide the name and Federal Tax ID Number of the Limited Partnership involved in the development. Also, indicate whether the project involved new construction or the rehabilitation of existing structures (or both).

6. Past Role Codes:

For each project reported on the Compliance Summary Attachment (per "Development Name" instructions above), indicate the Entity's role(s) in the project. Do so by entering in this column the appropriate code from the options below:

Past Role in Project	Past Role Code
Owner/General Partner	O/GP
Developer	D
Syndicator/Limited Partner	S/LP
CHDO Development Consultant	CC
Property Manager	P

7. Participation Period:

Indicate only the period of time the entity participated in the project. Enter the applicable dates adjacent to the role code(s) entered in the "Past Role Code."

8. Unit Count:

Indicate the number of units in the development designated for each of the 3 category options under "Unit Count." Note that the "Low Income" box should include moderate, low, or very low income units provided as part of a state or federal grant or loan agreement.

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9. Financing Sources:

List the agency(s) providing financing and the related state or federal program(s). Please use the abbreviation guidelines presented in the table below for agency names. Grant/loan programs may be abbreviated using generally accepted abbreviations or other readily discernable abbreviations such as "LIHTC" for Tax Credits and "Sec8" for Section 8 project based assistance. Failure to disclose Financing Sources may result in denial of participation in the 2004 Funding Round.

Agency Name	Abbreviation
USDA / Farmers Home Administration	USDA
Housing and Urban Development	HUD
Internal Revenue Service	IRS
Federal Deposit Insurance Corporation	FDIC
Georgia Department of Community Affairs/ Georgia Housing Finance Authority	DCA
Other Housing Agencies	Use City and State abbreviations, and abbreviations such as "H" for Housing, "A", for Authority, etc.

10. Current Occupancy %:

Indicate the current occupancy rate of the developments listed. If the entity is not currently involved in the project, provide the occupancy rate at the time of entity's last involvement in the project.

11. Auditing Agencies:

Indicate the auditing agency (using the agency abbreviation guidelines above) for any audits conducted within the last five years involving Low Income Housing Tax Credits, HOME loans or grants, FDIC funding, Farmers Home Administration funding, Section 8 project-based funding, or similar funding involving moderate, low, or very low income housing. If no audits were conducted within the 5-year period indicate this by entering "None" in the first of the three (3) sections for the applicable project.

12. Number of Audits:

Indicate the total number of audits conducted by each agency for each development listed.

13. Total Number of Units Audited:

Indicate the total number of units audited by each agency for each development listed.

14. Findings:

If "None" is entered in the Auditing Agencies column, do not enter anything in this section. If any audits were conducted within the 3-year period (2000, 2001, 2002), indicate the type of non-compliance reported in the audits, if any, by entering an "X" in the appropriate box. If no instances of noncompliance were reported, enter an "X" in the "no findings" box. Note that if the finding involved a program for which a box is not provided do not enter an "X" in this section.

15. Other:

Enter an "X" in the appropriate box if the development: 1) is in or has been in foreclosure, 2) is in default, 3) has any pending lawsuits against the property, or 4) has been involved in any actions leading to debarment actions taken by any City, State or Federal agency. Refer to the exhibit presentation requirements for Findings and apply the same process to these "Other" circumstances using exhibit numbers "O-1", "O-2", etc. All "O" exhibits must follow all "F" exhibits for each Compliance Summary.

NOTE: WHEN ALL COMPLIANCE SUMMARIES FOR THE PROJECT ARE COMPLETED, USE THE

"Page ____ of ____"

AREA IN THE UPPER RIGHT-HAND CORNER OF EACH PRINTED-OUT FORM TO INDICATE THE TOTAL NUMBER OF COMPLIANCE SUMMARY FORMS USED AND THE ASSIGNED NUMBER OF EACH FORM.

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III. Memorandum of Understanding

The Georgia Department of Community Affairs (DCA) has entered into an agreement with Georgia District of the Internal Revenue Service (IRS) that will provide for the timely exchange of relevant information regarding the participants (excluding management companies) in the LIHTC program. This agreement is designed to provide a means of mutual cooperation that will result in the LIHTCs being more appropriately awarded, and will enable both the IRS and DCA to more effectively monitor and enforce the compliance requirements of the program.

As a condition of application for an allocation of LIHTCs, all project participants (excluding management companies) may be asked at any time during the scoring process for a valid IRS Form 8821 and Tax Information Authorization, and must name DCA as the appointee to receive tax information. DCA will forward the Form to the IRS, thereby allowing the IRS to provide DCA with all IRS information pertaining to LIHTCs, including audit findings and assessments. The information provided by IRS under this agreement will be safeguarded by DCA to prevent improper disclosure, and DCA will take precautions to ensure that information is used solely for the purpose of LIHTC awards.

Note that as a condition of this MOU, if DCA determines that an allocation for LIHTCs is obtained with false information, DCA must request that the IRS deny tax credits to the Applicant entity. Also, the supplier of such false information, including the developer or owner, will be barred by DCA from program participation for a period of 3 years (2000, 2001, 2002) from the date the false information was discovered.

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IV. Participant Compliance Self-Score Form

(page 67 of OAH 2004-100 Core Application)

A Compliance Self Score Form must be completed by General Partner(s)/Owner(s), Developer(s), and the Management Company(-ies). The Compliance Evaluation and Scoring Process is explained in the Scoring Criteria Appendix of the Plan in the Compliance Status criterion. Only the last three (3) years of compliance history should be listed on the Compliance Self-Score Form (not the entire five (5) years of compliance history listed on the Compliance Summary form). The form is located on the Compliance Self Score Form tab in the OAH 2004-100 Core Application electronic workbook. The tab contains one form each for up to three (3) Owner/General Partners, three (3) Developers, and two (2) Management Companies. In order for the automated form to work properly, applicants must enter the Entity Name for each form to be used by a team member if it is not already entered. **Entity Name cells must be left empty on forms unused by a team member. Likewise, there must be an entry in the Entity Name box for each team member to be scored.**

A Project Totals section is provided at the end of the forms. To arrive at the Overall Compliance Factor, add the Compliance Factor for the Owner/General Partner, the Developer and the Management Company. Once the Overall Compliance Factor has been Determined, refer to the Compliance Scoring Table on page 18 of Appendix II of the Qualified Allocation Plan to Arrive at the Compliance Score. This is the score that should be listed as the Compliance Status Self-Score Value on the PROJECT SELECTION CRITERIA SELF SCORE FORM on Page 17 of the Application. The electronic version should do much of this and then feed directly in. **An abbreviated copy is provided below for your review. Applicants must use the electronic version provided with the electronic OAH 2004-100 Core Application Form for data entry purposes.**

NOTE: When each participant completes the Compliance Self Score Forms, use the "Page ____ of ____" area in the upper right-hand corner of each printed/paper copy of the form to indicated the number of scoring forms used.

NOTE: If you require clarification of any of the Compliance Instructions detailed in this document, please contact Nan Maddux at DCA via email at: nmaddux@dca.state.ga.us

Georgia Department of Community Affairs
2004 PARTICIPANT COMPLIANCE SELF SCORE FORM
(Attach to Compliance Summary and IRS Form 8821)

Entity Name For This Score Sheet:

THIS FORM FOR REVIEW PURPOSES ONLY – APPLICANTS MUST USE ELECTRONIC VERSION

Only the last three (3) years of Compliance Information are required to determine your Score.

Exhibit #	Property Name Tax Credit ID# Street Address City, State, Zip	Date of Audit	Total # Of Units	Assigned Numerical Value of Non-Compliance Or Finding (See Page 43 of Plan)	A. Comments		
		Total # of Units		Divided by Total Numerical Values		Equals Participant Compliance Factor	

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TAB VII AUTHORIZATION FOR THE RELEASE OF INFORMATION

(page 74 of OAH 2004-100 Core Application)

There are 15 copies of the form in this tab. This is one of the few parts of the electronic application workbook in which applicant can enter data in certain spaces that are not shaded green. Signature and Date spaces are still protected. Print this form and sign and date where indicated. Notarize signatures.

Please make copies of the Authorization for the Release of Information form and complete five (5) originals each for the Developer, each General Partner, Owner, Syndicator, and Management Company. Place all completed originals in the application binder in TAB . of the original Application Package.

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WALK-IN SUBMISSION FORM AND APPLICATION FEE CALCULATION WORKSHEET
(Place this form in Scoring Binder with check attached)

THIS SECTION TO BE COMPLETED BY DCA ONLY

Project Number: _____

THIS SECTION TO BE COMPLETED BY APPLICANT

Deliverer

Name: Print _____ Signature _____

Project Name: _____

Project City and County: _____

1. Is the project ownership entity comprised of (answer "Yes" to only one of the following):

- All For Profit general partners? No _____ Yes _____
- For Profit/Nonprofit joint venture general partners? No _____ Yes _____
- All Nonprofit general partners? No _____ Yes _____

2. Are you applying to DCA for funding from (answer "Yes" to only one of the following):

- Low Income Housing Tax Credits only? No _____ Yes _____
- HOME loan only? No _____ Yes _____
- Both Tax credits and HOME loan? No _____ Yes _____

3. Does an Identity of Interest exist between the General Contractor and either the Owner or the Developer?

No _____ Yes _____

4. Based on the answers provided above, circle the fees owed in the chart below:

Ownership Entity General Partner Composition

<u>Funding Source</u>	Identity of Interest Exists	All For Profit	For Profit/ Nonprofit Joint Venture	All Non-Profit
Tax Credit Only	No	\$6,500	\$6,500	\$5,500
	Yes	\$8,300	\$8,300	\$7,300
HOME Loan Only	No	\$5,500	\$5,500	\$5,000
	Yes	\$7,300	\$7,300	\$6,800
Both Credits and Loan	No	\$7,000	\$7,000	\$6,000
	Yes	\$8,800	\$8,800	\$7,800
Bond/4% Credit Eligibility Opinion Letter		\$6,500	\$6,500	\$6,500

NOTE: Only cashier's check or money order accepted for fee payment, payable to "Georgia Housing and Finance Authority".